



Neurosurgery Referral Request

McLaren Neurosurgery
560 W. Mitchell, Suite 250
Petoskey, MI 49770

231-487-3182 (p) 231-487-5069 (f)

Neurosurgery:

- Justin Thomas, DO
- Robert Seledotis DO
- First Available

Date: _____

Patient Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: Home (____) _____ Cell (____) _____

Referring Physician: _____ Phone:(____) _____ Fax (____) _____

PCP: _____ Phone:(____) _____ Fax (____) _____

Reason for Consult:(Diagnosis): _____

Work Comp? Yes No Auto Accident? Yes No

(If yes to either, must have Open Claims Letter stating date of injury)

Insurance Authorization Required? Yes No

**** (Most common are: BCN, VACCN, Priority Health Medicaid. Please call patients plan to verify.)**

Required for scheduling, please send with referral:

- Most recent office visit note pertaining to the referral
- Advanced Imaging of the affected area within 2 years (either MRI or CT Myelogram)
- Patient histories including medications and allergies
- Demographics and insurance cards