

General Referral Form

Please Complete and fax to 807-683-4420

Patient Information (Name, DOB, Gender, Health Card #, Address, Phone, E-Mail)

Please Affix Patient Label Here - INCOMPLETE/UNSIGNED REFERRALS WILL BE RETURNED

Reason(s) / Concerns(s) / Indication(s) For Referral:

Relevant Patient History (Please attach supporting documents including recent/relevant labs, imaging, etc.)

Priority: Urgent Routine Pending Hospital Discharge

Diagnostic Testing

Stress Test

ECG

Holter Monitor(s):

14 Day

48 Hour

72 Hour

24 Hour + BP

Pulmonary Function Testing:

For Diagnosis

OR

For Disease Monitoring (on Therapy)

Is Patient on Inhalers: NO YES

Full PFT (Spiro pre/post BD, Lung vols, DLCO, Raw, etc)

Spirometry - Pre/post BD

Spirometry - Pre ONLY

EMG + NCS Testing:

Dr. Hadi Shojaei - Physiatrist
(Upper Extremity, Lower Extremity)

Dr. Afshin Latifi Soofi - Neuologist
(Upper or Lower Extremity, Facial Nerve + Blink Reflex,
Repetitive Nerve Stimulation)

Specialist Consultations

Dr. Sulaiman Alrashidi - Cardiologist

Dr. Saleem Malik - Internal Medicine

Dr. Afshin Latifi Soofi - Neurologist
(Movement Disorders, EMG Testing)

Dr. Alonso Alvarado - Neurologist
(Headache, Movement Disorders, Pulsatile Tinnitus
Brain Aneurysms/Vascular Malformations)

Dr. Amro Lahlouh - Neurologist
(Epilepsy, Headaches)

Dr. Gala Prado - Neurologist
(Movement Disorders, Headache, NPH
Botox for Neurological Disorders)

Dr. Ali Bidari - Rheumatologist

Sleep Study / Consult

**** (MUST complete MDAC Sleep Referral Form) ****

Healthcare Provider Signature: _____ **Billing #:** _____ **Date:** _____

Print Healthcare Provider Name: _____ **Referring Site/Clinic Fax #:** _____

Copy To: _____