



Main Office: 1088 A Baxter Street | Athens, GA 30606
Child and Adolescent Neurology Center: 1088 D Baxter Street | Athens, GA 30606
Neurodiagnostics and Sleep Center: 1088 E Baxter Street | Athens, GA 30606
 Phone (706) 353-0606 | (800) 929-9502 | Fax (706) 353-0798

Greensboro Office: 1000 Cowles Clinic Way | Suite 100A | Greensboro GA 30642
 Phone (706) 454-0019 | Fax (706) 353-0798
Royston Office: 930 Franklin Springs Street | Suite C Royston | GA 30662
 Phone (706) 245-6094 | Fax (706) 353-0798
Demorest Office: 638 Historic Highway 441 N | Suite C | Demorest, GA 30535
 Phone (706) 754-3022 | Fax (706) 353-0798

Service Request

Please fax form to – 706-353-0798

Referring Physician: _____ Date: _____

Contact: _____ Phone: _____ Fax: _____

Patient's Name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

Insurance Plan: _____ ID Number: _____

Group Number: _____ Policy Holder: _____ Date of Birth: _____

Diagnoses: _____ Physician Signature: _____

<i>Office Visit</i>	<i>Neurodiagnostic Lab</i>	<i>Sleep Lab</i>
<input type="checkbox"/> Consultation: Evaluate & Treat <input type="checkbox"/> Other (Specify)	Consultation: Evaluate & Treat And <input type="checkbox"/> EEG Routine <input type="checkbox"/> EEG Sleep Deprived <input type="checkbox"/> EEG _____ hr. Ambulatory <input type="checkbox"/> NCV _____ extremity <input type="checkbox"/> EMG _____ extremity <input type="checkbox"/> Other (Specify)	Consultation: Evaluate & Treat And <input type="checkbox"/> Polysomnography <input type="checkbox"/> C-Pap Study <input type="checkbox"/> MSLT <input type="checkbox"/> C-Pap Equipment Setup <input type="checkbox"/> Other (Specify)

Testing Only, Consultation Not Requested

Has the patient had an (check one) EEG MRI CAT Scan NCV EMG

If so, where was the service provided: _____

Please fax any office notes and lab results that are pertinent to the diagnoses

Thank you for your referral! A representative of Athens Neurological Associates will call your patient to schedule an appointment within 24 hours of receipt of your request and will follow up with you to confirm the scheduling of an appointment.

****If you do not receive a follow up call from us within 48 hours or would rather schedule by phone please call us at 800-929-9502.****