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Please complete the following form and fax it back to (410) 664-3686, or call (410) 664-3680 to speak directly with a member of our staff. If possible, please also fax copies of any radiology reports as well so that we may better assist the scheduling of your patient.

Date _____ / _____ / _____

- Urgent** Please call and speak to one of our staff members.
- Non-urgent** No call is necessary if you fax this form.

Appt Date _____ / _____ / _____

Appt Time _____

Patient Information						
First Name	Middle Initial	Last Name			Birth Date	Age
Home Phone () ()	Work Phone () ()	Other Contact Phone () ()				
Primary Insurance Company				If necessary, has an authorization for referral been obtained?		
Referring Physician Information						
First Name	Middle Initial	Last Name			Practice Phone () ()	
Street		City	State	Zip	Email	
Name of Staff Contact				Practice Fax () ()		
Primary Complaint						
Briefly describe primary complaint						
Studies and location of radiographic films <i>(please send films with the patient and fax copies of reports with this form if possible)</i>						
Workers Compensation Claims Cases Please Complete This Section						
Patient's Current Employer			Employer's Address			
Workers Compensation Carrier's Name			Name of Adjuster		Adjuster's Phone () ()	
Workers Compensation Carrier's Address				Adjuster's Fax () ()		
Date of Injury		Claim Number				
New Referring Practices Please Complete This Section						
Names of Other Physicians in the Practice					Specialty	
Street		City	State	Zip	Email	

Patients...

Please see the reverse side for additional information and directions.

Patient Instructions

1. If your appointment was scheduled before you left your referring doctor's office, your appointment date and time will be located at the top of the front side of this form. Otherwise, you should expect to receive a telephone call within the next 48 hours from one of our staff members to assist you in making an appointment. If you have not been contacted within 48 hours and no appointment is listed on the front side of this form, please call (410) 664-3680.
2. If you have any special needs, such as a hearing problem, please contact our staff in advance of your appointment so that we might be better able to prepare for your visit.
3. If you are unable to attend your appointment time, please call our office at least 24 hours in advance to reschedule.
4. If you are a new patient to our practice, please arrive at least fifteen minutes prior to your scheduled appointment time in order to have adequate time to complete our new patient intake forms.
5. When you arrive for your appointment:
 - Please bring your insurance card or other proof of insurance and your driver's license.
 - If you are unsure about your insurance policy limitations or authorization requirements, please contact your referring physician's office or call one of our claims specialists before arriving for your appointment.
 - If your visit involves a workers compensation claim, please be sure that either you or your employer has spoken to the policy claims adjuster.
 - Please bring any x-ray, MRI or CT films and reports related to your primary complaint(s). Please bring the actual radiograph films and not solely the written reports.
 - Please bring a list of your current medications.
 - Please complete and bring with you a new patient questionnaire.

Locations

Mirowski Medical Office Building – Primary Office and Physical Therapy

5051 Greenspring Avenue
Baltimore, MD 21209

Columbia Satellite Office

8186 Lark Brown Road Suite 203
Columbia, MD 21075

**Maps with interactive directions are available online at
www.BaltimoreNeurosurgery.com.**