



GAINESVILLE  
NEUROLOGY  
GROUP, LLC

1240 Jesse Jewell Parkway, Suite 400  
Guilford Clinics Building  
Gainesville, GA 30501

**Preferred Physicians:**

- Dr. Michael S. Baugh
- Dr. Kannan M. Narayana
- First Available

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS No.: \_\_\_\_\_

Patient Phone No: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Print Name of PCP: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address of PCP: \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature of Referring Physician: \_\_\_\_\_

Diagnosis of/Reason for Referral: \_\_\_\_\_

**For services that require authorization, contact the Pre-Certification Department at:**

**Telephone 678-696-2155**

**Fax 770-503-7285**

**Referral Number:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

- Initial consultation and report (one visit)
- Initial consultation and report with follow-up for a total of \_\_\_\_\_ visit

**Special procedure, test, or treatment as indicated:**

- |                              |                                     |                                    |  |
|------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> EEG | <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Routine   | <input type="checkbox"/> Sleep Deprived                      |
| <input type="checkbox"/> EMG | <input type="checkbox"/> Upper      | <input type="checkbox"/> Bilateral | <input type="checkbox"/> Right <input type="checkbox"/> Left |
|                              | <input type="checkbox"/> Lower      | <input type="checkbox"/> Bilateral | <input type="checkbox"/> Right <input type="checkbox"/> Left |

**PLEASE FAX OFFICE NOTES, X-RAYS AND LABS RELATED TO THIS CONSULT**  
**FAX NUMBER 770-503-7285      APPOINTMENT LINE 770-534-7885**