



Neurology Department
1202 Medical Center Drive
Wilmington, NC 28401

Phone: 910-341-3383 Fax: 910-341-1900

Dr. Alfred Demaria

Dr. Boris Mravkov

PATIENT REFERRAL FORM

** A completed form must be faxed to 910-341-1900 prior to an appointment being made**

PATIENT INFORMATION

Patient Name: _____ DOB: ____/____/____

SS #: _____ - _____ - _____ Phone#: (H) _____ (Work/Cell) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Co. Primary: _____ Secondary: _____

ID#: _____ group#: _____ ID#: _____ Group#: _____

Authorization Required: Yes No Authorization #: _____ Contact # _____

Subscriber's Name: _____ Employers Name: _____

REFERRING INFORMATION

Referring MD: _____ Phone #: _____ Fax #: _____

Diagnosis: _____ Diagnosis Code: _____

Address: _____ NPI: _____

Patient's PCP: _____ Phone #: _____

REASON FOR REFERRAL: _____

REQUIRED ATTACHMENTS: Copy of insurance cards, office notes, X-Ray, MRI, or CT scan reports.

*****PATIENTS MUST BRING THEIR MEDICATION LIST
ALONG WITH ALL XRAY, CT OR MRI FILMS TO THEIR APPOINTMENT*****

PLEASE INSTRUCT PATIENTS TO ARRIVE 30 MINUTES PRIOR TO THEIR APPOINTMENT TIME.
IF PATIENTS ARE LATE THEY MAY BE ASKED TO RESCHEDULE.

Thank you for the referral and for allowing Wilmington Health Neurology to serve your healthcare needs.