Seton Brain & Spine Institute
NEUROLOGY

Comprehensive Brain & Spine Tumor Program

Brian Vaillant, MD (Neuro-Oncology)

Clinical Education Center at Brackenridge
1400 N. IH 35, Suite 300 • Austin, Texas 78701
Phone: (512) 324-8300 • Fax: (512) 324-8301

REFERRAL FORM

This form is intended to assure prompt communication with requesting providers. For appointment scheduling, please call (512) 324-8300.

IMPORTANT: Please fax patient information, referring physician clinical notes and insurance authorization to (512) 324-8301.

Patient Name: _____

Phone: _____ Date of Birth: _____

Referring Physician: _____ Phone: _____

Primary Insurance: _____ Policy #: _____

Insurance requires pre-authorization: ❑ No ❑ Yes Referral #: _____

Date of most recent (or planned) surgery: _____ Is this for recurrence?: _____

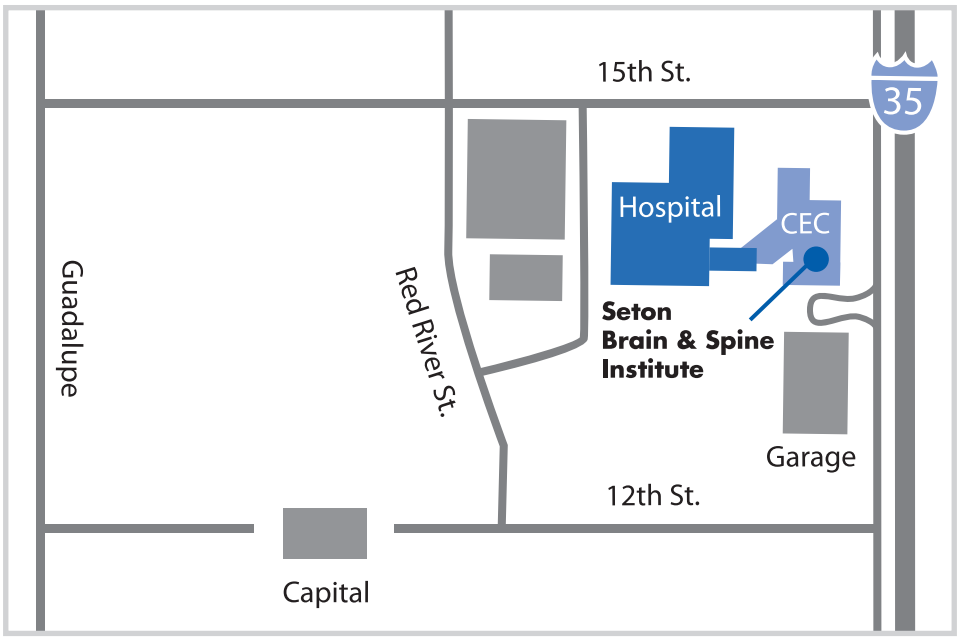
Diagnosis (if known): _____

Reason for the Consultation:

- ❑ Primary brain tumor
- ❑ Metastatic brain tumor
- ❑ Leptomeningeal disease
- ❑ Neurologic complication of cancer or cancer treatments
- ❑ Undiagnosed brain lesion(s)
- ❑ Other: _____

Urgency of Evaluation:

- ❑ Within 1-2 weeks
- ❑ Within 2-4 weeks



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