

**REFERRAL FORM**

This form is intended to assure prompt communication with requesting providers. For appointment scheduling, please call the appropriate location.

*IMPORTANT: Fax recent office notes, diagnostic studies, labs and patient demographics to the appropriate office*

**Check Physician Preference:**
**Central**

Jefferson Building  
 1600 West 38th Street  
 Suite 308  
 Austin, TX 78731  
 P: 512-324-3540  
 F: 512-324-3541

- John Bertelson, MD  
*(Dementia, General Neurology,  
 Traumatic Brain Injury)*
- Deborah Briggs, MD  
*(Epilepsy)*
- C. Jack Fraim, MD  
*(General Neurology,  
 Headaches/Migraines)*
- Osvaldo Perurena, MD  
*(General Neurology/EMG,  
 Neuromuscular Disorders)*
- Jason Shen, MD  
*(Epilepsy)*

**Downtown**

CEC at Brackenridge  
 1400 N. IH-35  
 Suite 300  
 Austin, TX 78701  
 P: 512-324-8300  
 F: 512-324-8301

- Brian Vaillant, MD  
*(General Neurology,  
 Neuro-Oncology)*
- Jefferson T. Miley, MD  
*(Vascular and Interventional  
 Neurology)*
- Pradeep Modur, MD, MS  
*(Epilepsy)*

**Far West**

Far West Medical Tower  
 6811 Austin Center Blvd  
 Suite 420  
 Austin, TX 78731  
 P: 512-324-2715  
 F: 512-324-2716

- Yessar Hussain, MD  
*(General Neurology/EMG,  
 Neuromuscular Disorders,  
 Botulinum Toxin Injection)*

**Round Rock**

Seton Williamson Medical Plaza<sub>1</sub>  
 301 Seton Parkway  
 Suite 402  
 Round Rock, TX 78665  
 P: 512-324-8300  
 F: 512-324-8301

- Brian Vaillant, MD  
*(General Neurology,  
 Neuro-Oncology)*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Insurance\*: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance requires pre-authorization:  No  Yes Referral #: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

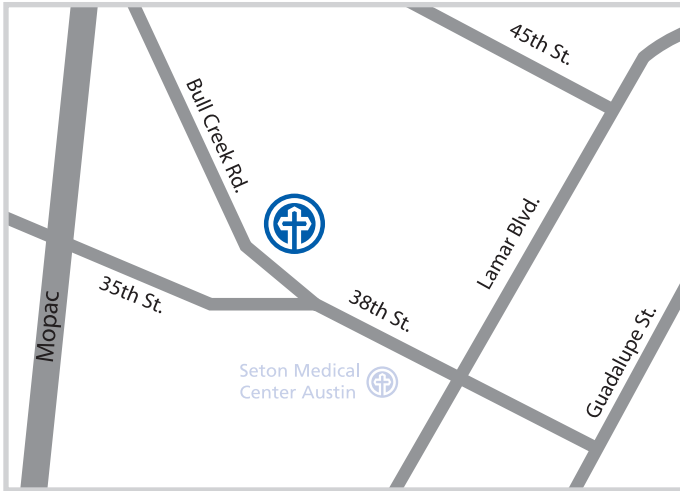
**Type of Referral:**

- One time consultation/office visit
- Ambulatory EEG
- EMG
- Concurrent care/office visit
- Routine EEG
- Read sleep study
- Consultant assumes care/office visit

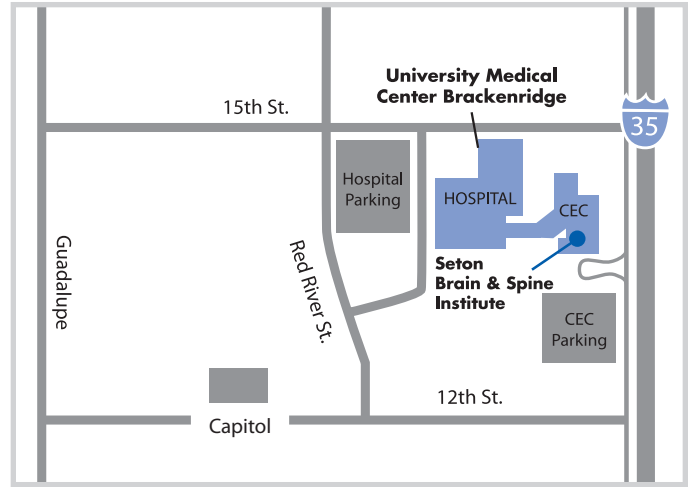
**Urgency of Evaluation:**

- Within 1-2 week
- Within 2-4 weeks

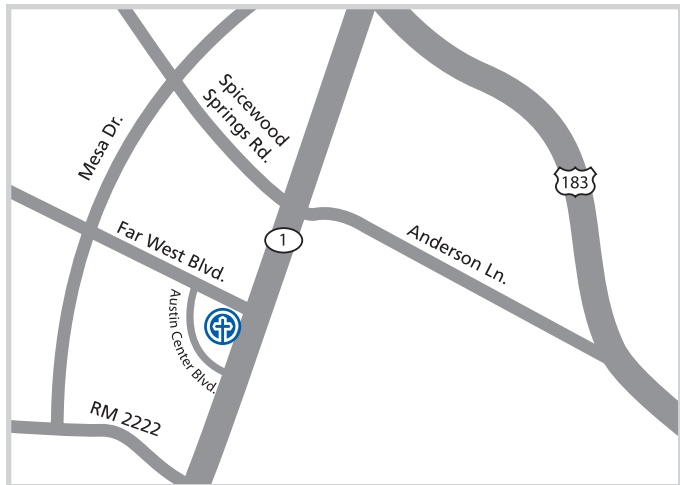
\* Visit our website for a full list of insurance providers accepted by Seton Brain & Spine Institute.



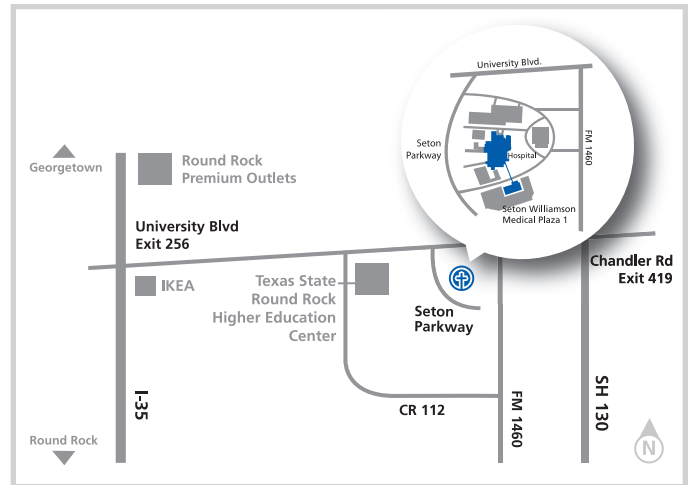
**Jefferson Building**  
 1600 West 38th Street  
 Suite 308  
 Austin, TX 78731  
 P: 512-324-3540  
 F: 512-324-3541



**Clinical Education Center at Brackenridge**  
 1400 N. IH-35  
 Suite 300  
 Austin, TX 78701  
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 F: 512-324-8301



**Far West Medical Tower**  
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**Seton Williamson Medical Plaza I**  
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