



REFERRAL FORM

This form is intended to assure prompt communication with requesting providers. For appointment scheduling, please call the appropriate Seton Brain & Spine Institute Neurosurgery location.

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

CHECK PREFERRED LOCATION

DOWNTOWN

Health Transformation Building
1601 Trinity Street,
Suite 704
Austin, TX 78712
P: 512-324-8300
F: 512-324-8301

Ramsey Ashour, MD
Robert J. Buchanan, KM, MD
James E. Rose, MD
Vincent Y. Wang, MD, PhD
Mateo Ziu, MD
Jefferson T. Miley, MD (*Vascular and Interventional Neurology*)

NORTH

**Seton Williamson
Medical Plaza 1**
301 Seton Parkway
Suite 402
Round Rock, TX 78665
P: 512-324-4816
F: 512-324-4726

Glenn E. Harper, MD
Michael Koltz, MD

SOUTH

**Seton Family of Doctors at Hays
Kyle Crossing**
5103 Kyle Centre Drive
Suite 104
Kyle, TX 78640
P: 512-324-8300
F: 512-324-8301

Vincent Y. Wang, MD, PhD

BASTROP

**Seton Family of Doctors at Bastrop
Seton Health Plaza**
441 Highway 71 West
Suite C
Bastrop, TX 78602
P: 512-324-8300
F: 512-324-8301

Vincent Y. Wang, MD, PhD

PHYSICIAN AND PATIENT INFORMATION

Patient Name: _____ Date: _____

Patient Telephone: _____ Date of Birth: _____

Referring Physician: _____

Physician Telephone: _____ Physician Fax: _____

Reason for Consultation (diagnosis/chief complaint): _____

URGENCY: STAT Within 48 hours Within 1 to 2 weeks Next available

WHAT TESTS WERE COMPLETED? (CHECK ALL THAT APPLY):

MRI X-RAY EMG Other: _____

Brain Pathology: _____

Spine Pathology: _____

Peripheral Nerve Pathology: _____

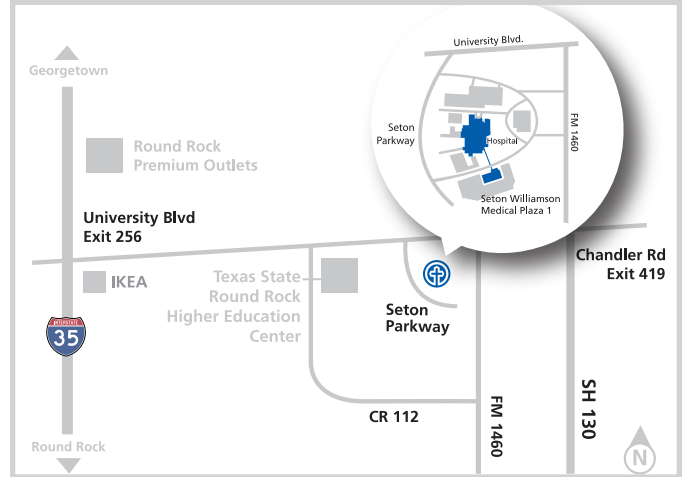
Other Pathology: _____

(For tumors, please reference the Brain & Spine Tumor Referral Form.)

Additional Notes: _____



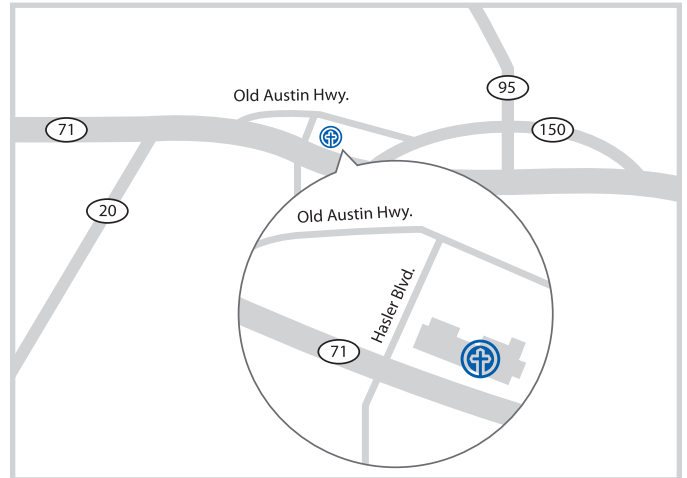
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