

# Neurodiagnostics & Therapeutics, PLLC

8001 Raintree Ln., Charlotte, NC 28277 704-542-8030 (o) 704-541-7045 (f)  
609 S. New Hope Rd, Suite 103, Gastonia, NC 28054 704-853-3023 (o) 704-853-3024 (f)

## Fax Referral Form

Date: \_\_\_\_\_ Person Making Referral: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ MD, DO, PA, NP (please circle)

Referring Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please schedule appointment with Jill Thompson, MD to:  
(circle) Evaluate & Treat    ESI    TPI    Diagnosis: \_\_\_\_\_

Please schedule appointment:    \_\_\_\_ Next Day    \_\_\_\_ Within the week    \_\_\_\_ First Available

Office Location:     Charlotte     Gastonia

Patient's Name: \_\_\_\_\_ Gender:    F    M

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Insurance: \_\_\_\_\_ Name of insured: \_\_\_\_\_

DOB/SS# of insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Phone # to verify benefits: \_\_\_\_\_

Authorization #: \_\_\_\_\_ Number of visits: \_\_\_\_\_

Medical records to follow:    Yes    No

### NDT use only:

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_

Patient informed of Appointment:    \_\_\_\_ Yes    \_\_\_\_ No    Appointment scheduled by: \_\_\_\_\_

**Fax All Referrals & Records to:**  
**704-541-7045 for Charlotte**  
**704-853-3024 for Gastonia**