

Plano Neurology, P.A.

4601 Old Shepard Place
Building 4, Suite 406
TEL: 972-867-3535 FAX: 972-867-3530
Geeta Rajan MD

NEW PATIENT REFERRAL FORM

Please send copies of medical records with referral. Please remind patient to bring MRI film/disc to appointment.

Date: _____

Patient name: _____ DOB: __/__/____

Address: _____

Home phone: _____ Alt. phone: _____

Insurance: BCBS Aetna UHC Cigna Beech Street Coventry/First Health
 Health Smart

Referring doctor: _____ Phone: _____

Referring to: Dr. Geeta Rajan

Has the patient had any of the following tests? Where/When?

EMG: _____ EEG: _____

Head/spine CT: _____ MRI: _____

Dx/Reason for referral: _____

Please fill the referral form and fax it to: **972-867-3530**. Thank you for your referral.