



Child Neurology Consultants of Austin

CEDAR PARK OFFICE

Pediatric Specialty Center
1301 Medical Parkway, Ste 300
Cedar Park, TX 78613
Office: (512) 494-4000 | Fax: (512) 494-4045

AUSTIN (FAR WEST) OFFICE

Far West Medical Tower
6811 Austin Center Blvd., Ste 400
Austin, TX 78731
Office: (512) 494-4000 | Fax: (512) 494-4024

SOUTH AUSTIN OFFICE - COMING SOON

5301 Davis Lane, Ste. 200A
Austin, TX 78749
Office: (512) 494-4000 | Fax: (512) 494-4090

PATIENT REFERRAL REQUEST

Referral Date: _____ Referring Provider: _____

Patient's Name: Last _____ First _____ MI _____

Date of Birth: _____ Sex: Male Female

Address: _____ City, ST: _____ Zip: _____

Parent/Guardian Name: Last _____ First _____

Home #: _____ Work #: _____ Cell #: _____

TYPE OF REFERRAL:

Office Visit:

Routine Urgent (for same day/next day appointments, please call our triage nurse)

Procedure:

EEG only ICD 10 code _____

Reason/Diagnosis:

First Available Provider Preference: _____ Location Preference: _____

Please include the following information in order for us to process your referral request

- Pertinent Office Notes
- Recent Test Results
- Recent Medication List
- Patient Demographics/Face sheet (including insurance)
- Insurance Referral/Authorization Number (if required)