

INSIGHT INSTITUTE OF NEUROSURGERY & NEUROSCIENCE (IINN)

4800 S. Saginaw St. • Suite 1800
Flint, MI 48507

Phone: (810) 732-8336
Fax: (810) 963-1674

Consultation Request Form

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Consult Request with (circle one):	Dr.J.Shah	Dr.S. Ebenezer	Dr.S.Belkhair	First Available
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PATIENT INFORMATION

Patient Name:		
Mailing Address:		
Home Phone:	Work Phone:	Cell Phone:
Date of Birth:	Social Security Number:	
Patient Sex:	Email Address:	

Primary Insurance:	Phone Number:
Subscriber Name:	Date Of Birth:
Subscriber ID:	Group Number:
<i>Please fax over a copy of the insurance card!</i>	

Secondary Insurance:	Phone Number:
Subscriber Name:	Date Of Birth:
Subscriber ID:	Group Number:
<i>Please fax over a copy of the insurance card!</i>	

Referring Physician:	PCP:
Phone Number:	Phone Number:

Reason for consultation:
Has Patient had any imaging done, such as an MRI, x-ray, CT scan? <u>Reports must be faxed</u>
If so, what testing and where was it done?

Please fax over all reports including Images and Consult notes along with this form to 810-963-1674. If you have any questions please call 810-732-8336 and speak to Ashley.

Thank you!