



**Remi Nader, M.D.**  
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## PATIENT REFERRAL FORM

**\*\*\*For all Brain or Spine Problems, Please Bring Actual Imaging Films which Must Include MRI or CT scans (Films may be on CD ROMS) \*\*\***  
 Also, please bring office notes, reports, medication list, insurance cards.

Patient Name: _____	
Referred By: _____	
Phone Number: _____ Fax: _____	
Demographics: Age: _____ Sex: _____ Date of Birth: _____	Primary Insurance Info:
Patient Contact Info - Address:  Phone: _____	Secondary Insurance Info:
<b>Brain/ Peripheral Nerve Pathology</b> Diagnosis/Reason for Referral:	<b>Spine Pathology</b> Diagnosis/Reason for Referral:
Imaging/Studies Performed:	Imaging/Studies Performed:

**Please FAX form to 1-855-790-3974**  
**Or E-mail to [MedAssist@TexasNeuroscience.net](mailto:MedAssist@TexasNeuroscience.net)**  
**Phone: 832-932-9300 or 409-833-BACK (2225)**