FLAGSTAFF NEUROSURGERY
BRAIN + SPINE SURGERY

BRADLEY NICOL, MD | SAM SAFAVI-ABBASI, MD

CONSULTATION REFERRAL FORM

Patient Name: ____

Date of Birth:_____________________

Home Number: ________________________Cell Number: ___________________________

REFERRING PROVIDER

Name: _______________________________ Signature: _______________________

Phone Number: ___________________________________

Preferred Provider at Flagstaff Neurosurgery, PLLC:

❏ Brad Nicol, MD ❏ Sam Safavi-Abbasi, MD ❏ First Available

REQUESTED INFORMATION

Please provide a faxed copy of: Fax # 928-226-7664

- Patient facesheet/demographics
- Copy of patient's insurance card
- Most recent office visit or progress note
- Recent operative report and/or history
- Imaging reports and/or films done within the last 6 months
- Any other pertinent information
- Insurance prior authorization (if obtained): ________________________

Your referral is much appreciated. The surgeons and staff of Flagstaff Neurosurgery, PLLC look forward to working with you to give your patient the best neurosurgical care.

p : 928-226-7667 toll free : 855-650-7667 fax : 928-226-7664
web : FlagstaffNeurosurgery.com a : 1300 Rim Drive, Suite A, Flagstaff, AZ 86001