REGIONAL BRAIN AND SPINE, LLC

Gladys Kamanga-Sollo M.D. Physical Medicine and Rehabilitation

Phone: (573) 332-7746 Fax: (573) 339-9709

Appointment Request Form

To request an appointment for your patient, please complete this form and return via fax to (573) 339-9709 along with:

1. Office note
2. Medication list
3. Copy of insurance card
4. Imaging reports
5. Demographic sheet
6. Order

Once this information is reviewed, we will contact your patient with an appointment and notify your office of the date.

Patient Information:
Patient Name:_____ DOB:_____
SSN:_____ Sex: Male/Female Phone: Home_____ Cell _____
Address_____

Please circle all that apply:

1. EMG/NCV -- Uppers/Lowers -- Left/Right/Bilateral
2. New Patient-Physical Medicine and Rehabilitation
3. Botox Evaluations --- Chronic migraine --- Cervical dystonia --- Upper or lower extremity spasticity
4. Trigger Point Injections
5. Peripheral Neuropathy Punch Biopsy's

Reason for Consult_____

ICD-10 Code to support medical necessity:_____
Is this a work related injury Yes/No
Is this MVA related injury Yes/No

Does the patient have any implanted devices: Pacemaker, defibrillator, Neurostimultor...ect? Yes / No

Is the patient currently taking any blood thinning medications? Yes/ No_____

Does the patient have any blood disorders, open wounds or active infections? Yes /No_____

Requesting Provider Information: Office contact:_____

Provider Name:_____ NPI:_____

Phone:_____ Fax:_____