



**GRAND LAKE
NEUROLOGICAL CENTER™**
AN AFFILIATE OF GRAND LAKE HEALTH SYSTEM

200 St. Clair, St. Marys, Ohio 45885

419-394-9522 Phone

419-394-9523 Fax

Referral Form

☐ Routine

☐ Urgent (5-10 Days)

Date: _____ Referring Physician: _____

Phone #: _____ Fax #: _____

Patient Information

Name: _____

Address: _____

Date of Birth: _____ Phone #: _____

Parent/Guardian Name: _____

Primary Insurance: _____

Secondary Insurance: _____

***FAX Copy of Insurance Cards**

Reason for Consultation: _____

Any past Neurologist: _____

Any Medical Imaging done and where: _____

****ATTENTION!!!! PROVIDER DOING REFERRAL IS RESPONSIBLE FOR REQUESTING IMAGES TO BE
PUSHED TO JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL!
IF NOT RECEIVED, THE PATIENT CANNOT BE SCHEDULED UNTIL RECEIVED.**



We will need the following information related to the condition to accompany the referral:

- Office notes
- Radiology
- Labs
- Sleep Study Reports
- Other Pertinent Testing
- **Please have the patient bring any radiology films on CD IF IMAGES ARE NOT ABLE TO BE PUSHED TO Joint Township District Memorial Hospital**