

# NEUROSURGERY REFERRAL FORM

Mailing Address:

**NEUROSCIENCE ONE, UAB MEDICINE**

2000 6th Avenue South

Birmingham, AL. 35233

Attn: AVBC Suite 102 Neurosurgery

Phone: (205) 934-7170 • Fax: (205) 934-6507

**Please select a Neurosurgeon from the following pages and submit their required new patient information and imaging, along with this form to the fax number or address above. Please call 205-934-7170, option 1, with any questions.**

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ UAB Neurosurgeon Requested: \_\_\_\_\_

If none specified, your referral will be routed via our physician sub-specialty rotation list

**CHECK HERE IF YOU PREFER 1ST AVAILABLE WITH EITHER AN MD OR APP**

**Diagnosis/Reason for referral (not codes):** \_\_\_\_\_

**ALL NEW PATIENT REFERRAL PACKETS REQUIRE A COPY OF THE PATIENT'S INSURANCE CARD AND PHOTO ID.**

**Patient's Full Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance: 1st: \_\_\_\_\_ Group #: \_\_\_\_\_ Contract #: \_\_\_\_\_

2nd: \_\_\_\_\_ Group #: \_\_\_\_\_ Contract #: \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact: \_\_\_\_\_

Worker's Compensation providing company information (if applicable):

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fedex or UPS overnight methods are recommended for CDs of images or material that cannot be faxed. Please use shipping options with tracking when possible so that we can ensure timely service. Secured link can also be sent for immediate image transfer

**Our physicians see patients at:**

**The Kirklín Clinic of UAB Hospital** – 2000 6th Avenue South • 2nd Floor, Birmingham, AL

**UAB West** – 995 9th Ave SW • Prof Office Bldg Suite 103 • Bessemer, AL (Dr. Renee Chambers ONLY)

**UAB Greystone** – 7500 Hugh Daniel Dr. • Suite 200 • Birmingham, AL 35242 (Dr. Thomas Staner ONLY)

AL Medicaid, VA, Cooper Green, VIVA Medicare Plus, CIGNA, Champus Tricare, Humana Military, and Humana Gold Medicare **require a letter of prior authorization** before an appointment can be scheduled.

UAB Neurosurgery is **out of network** for Secure Horizons, Health Springs, and Medicare Complete insurance. **A gap exception referral letter must be obtained by the referring physician** before an appointment can be scheduled. (Exception: Dr. Chambers is in network for Health Springs)

**UAB MEDICINE**

# NEUROSURGERY REFERRAL FORM

## BRAIN

SURGEON	SPECIALTIES	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<p><b>NICOLE BENTLEY, MD</b></p>	<ul style="list-style-type: none"> <li>• Surgery for Parkinson’s disease, tremor and other movement disorders</li> <li>• Benign and malignant brain tumors</li> <li>• Epilepsy</li> <li>• Spine</li> <li>• Hydrocephalus</li> <li>• Pseudotumor cerebri</li> <li>• Skull base tumors</li> <li>• Chiari malformation</li> <li>• Trigeminal neuralgia</li> <li>• Endoscopic neurosurgery</li> <li>• Image-guided and stereotactic surgery</li> <li>• Linear accelerator</li> </ul>	<ul style="list-style-type: none"> <li>• Pertinent clinic note and imaging reports within 1 year</li> <li>• Bring CD of images to appointment</li> </ul> <p>*Potential DBS patients should be referred first to the Movement Disorders clinic in Neurology</p> <p>PH: 934-0683 or Fax: 996-4039</p>
<p><b>MARSHALL HOLLAND, MD, MS</b></p>	<ul style="list-style-type: none"> <li>• Surgery for Parkinson’s disease, tremor and other movement disorders</li> <li>• Benign and malignant brain tumors</li> <li>• Epilepsy</li> <li>• Spine</li> <li>• Hydrocephalus</li> <li>• Pseudotumor cerebri</li> <li>• Skull base tumors</li> <li>• Chiari malformation</li> <li>• Trigeminal neuralgia</li> <li>• Endoscopic neurosurgery</li> <li>• Image-guided and stereotactic surgery</li> <li>• Linear accelerator</li> </ul>	<ul style="list-style-type: none"> <li>• Pertinent clinic note and imaging reports within 1 year</li> <li>• Bring CD of images to appointment</li> </ul> <p>*Potential DBS patients should be referred first to the Movement Disorders clinic in Neurology</p> <p>PH: 934-0683 or Fax: 996-4039</p>

# NEUROSURGERY REFERRAL FORM

## BRAIN

SURGEON	SPECIALTIES	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<p><b>JAMES M. MARKERT, MD, MPH</b></p>	<ul style="list-style-type: none"> <li>• Surgical treatment of benign, malignant and metastatic tumors of the brain &amp; spine</li> <li>• Endoscopic neurosurgery and minimal access brain surgery for colloid cysts, intraventricular tumor, endoscopic third ventriculostomy</li> <li>• Trigeminal neuralgia</li> <li>• Skull base tumors</li> <li>• Chiari malformation</li> <li>• Spinal tumor radiosurgery</li> <li>• Peripheral nerve tumors, injury, and compression including carpal tunnel, ulnar nerve</li> <li>• Radiosurgery – tumors, trigeminal neuralgia</li> <li>• Hydrocephalus (VP Shunts)</li> </ul>	<ul style="list-style-type: none"> <li>• Imaging report within 3 months</li> <li>• Pertinent prior clinic note</li> <li>• Bring CD of images to appointment</li> </ul>
<p><b>KRISTEN O. RILEY, MD</b></p>	<ul style="list-style-type: none"> <li>• Minimally invasive endoscopic surgery for pituitary tumors</li> <li>• Epilepsy surgery</li> <li>• Surgical &amp; radiosurgical treatment of metastatic disease</li> <li>• Surgical treatment of benign, malignant and metastatic brain tumors</li> <li>• Endoscopic neurosurgery and minimal access brain surgery for colloid cysts, intraventricular tumors, and endoscopic third ventriculostomy</li> <li>• Skull base tumors</li> <li>• Hydrocephalus</li> </ul>	<ul style="list-style-type: none"> <li>• MRI (brain) report (within 1 year)</li> <li>• Pertinent prior clinic note</li> <li>• Bring CD of images to appointment</li> </ul> <p>PITUITARY patients require above +</p> <ul style="list-style-type: none"> <li>• Any lab results</li> <li>• Visual field exam</li> </ul> <p>*If the patient has an Endocrinologist:  NAME:  PHONE:  LOCATION:</p>

# NEUROSURGERY REFERRAL FORM

## VASCULAR

SURGEON	SPECIALTIES	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<b>WINFIELD S. FISHER, III, MD, FAANS</b>	<ul style="list-style-type: none"> <li>• Treatment of cerebrovascular disorders (arteriovenous malformations, aneurysms, carotid stenosis, cavernous malformation)</li> <li>• Skull base tumors (acoustic neuromas, meningioma's, nasopharyngeal tumors)</li> <li>• Treatment of peripheral nerve tumors, injuries, and compression syndromes (ulnar nerve, carpal tunnel )</li> <li>• Cranial compression syndromes (trigeminal neuralgia, hemifacial spasm, glossopharyngeal neuralgia)</li> <li>• CSF flow abnormalities (congenital hydrocephalus, normal pressure hydrocephalus)</li> <li>• Surgical treatment of neurofibromatosis</li> <li>• Chiari malformation</li> </ul>	<ul style="list-style-type: none"> <li>• MRI/CTA, 6 months (CD images must be sent)*</li> <li>• MRI Report</li> <li>• Pertinent clinic note</li> </ul>
<b>MARK R. HARRIGAN, MD</b>	<ul style="list-style-type: none"> <li>• Cerebrovascular and neuroendovascular surgery</li> <li>• Arteriovenous malformations</li> <li>• Intracranial aneurysms</li> <li>• Intracranial hemorrhage</li> <li>• Cerebral angiography</li> <li>• Stroke</li> <li>• Neurosurgical critical care</li> </ul>	<ul style="list-style-type: none"> <li>• MRI/CTA, 6 months (CD images must be sent)*</li> <li>• MRI Report</li> <li>• Pertinent clinic note</li> </ul>
<b>JESSE JONES, MD</b>	<ul style="list-style-type: none"> <li>• Cerebrovascular and neuroendovascular surgery</li> <li>• Arteriovenous malformations</li> <li>• Intracranial aneurysms</li> <li>• Intracranial hemorrhage</li> <li>• Cerebral angiography</li> <li>• Stroke</li> <li>• Neurosurgical critical care</li> </ul>	<ul style="list-style-type: none"> <li>• MRI/CTA, 6 months (CD images must be sent)*</li> <li>• MRI Report</li> <li>• Pertinent clinic note</li> </ul>

# NEUROSURGERY REFERRAL FORM

## VASCULAR

SURGEON	SPECIALTIES	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<p><b>ELIZABETH LIPTRAP, MD</b></p>	<ul style="list-style-type: none"> <li>• Cerebrovascular and neuroendovascular surgery</li> <li>• Arteriovenous malformations</li> <li>• Intracranial aneurysms</li> <li>• Intracranial hemorrhage</li> <li>• Cerebral angiography</li> <li>• Stroke</li> <li>• Neurosurgical critical care</li> </ul>	<ul style="list-style-type: none"> <li>• MRI/CTA, 6 months (CD images must be sent)*</li> <li>• MRI Report</li> <li>• Pertinent clinic note</li> </ul>
<p><b>PHILIP SCHMALZ, MD</b></p>	<ul style="list-style-type: none"> <li>• Treatment of cerebrovascular disorders (arteriovenous malformations, aneurysms, carotid stenosis, cavernous malformation)</li> <li>• Skull base tumors (acoustic neuromas, meningioma's, nasopharyngeal tumors)</li> <li>• Treatment of peripheral nerve tumors, injuries, and compression syndromes (ulnar nerve, carpal tunnel )</li> <li>• Cranial compression syndromes (trigeminal neuralgia, hemifacial spasm, glossopharyngeal neuralgia)</li> <li>• CSF flow abnormalities (congenital hydrocephalus, normal pressure hydrocephalus)</li> <li>• Surgical treatment of neurofibromatosis</li> <li>• Chiari malformation</li> </ul>	<ul style="list-style-type: none"> <li>• MRI/CTA, 6 months (CD images must be sent)*</li> <li>• MRI Report</li> <li>• Pertinent clinic note</li> </ul>

# NEUROSURGERY REFERRAL FORM

## SPINE

SURGEON	SPECIALTIES	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<b>M. RENEE CHAMBERS, MD, DVM</b>	<ul style="list-style-type: none"> <li>• Surgical treatment of benign, malignant and metastatic tumors of the brain &amp; spine</li> <li>• Endoscopic neurosurgery and minimal access brain surgery for colloid cysts, intraventricular tumor, endoscopic third ventriculostomy</li> <li>• Trigeminal neuralgia</li> <li>• Skull base tumors</li> <li>• Chiari malformation</li> <li>• Spinal tumor radiosurgery</li> <li>• Peripheral nerve tumors, injury, and compression including carpal tunnel, ulnar nerve</li> <li>• Radiosurgery – tumors, trigeminal neuralgia</li> <li>• Hydrocephalus (VP Shunts)</li> </ul>	<ul style="list-style-type: none"> <li>• MRI or CT within 1 year (Mail CD)*</li> <li>• Date Mailed:</li> <li>• MRI Report</li> <li>• Pertinent prior clinic note</li> <li>• Medication List</li> <li>• Surgical History</li> </ul>
<b>JAKUB GODZIK, MD, MS</b>	<ul style="list-style-type: none"> <li>• Scoliosis</li> <li>• Spinal deformity</li> <li>• Cervical myelopathy</li> <li>• Cervical stenosis</li> <li>• Lumbar spondylolisthesis</li> <li>• Lumbar stenosis</li> <li>• Lumbar fusion and decompression</li> </ul>	<ul style="list-style-type: none"> <li>• MRI Report (within 8 months)</li> <li>• Pertinent prior clinic note</li> <li>• Bring CD of images to appointment</li> </ul>
<b>MARK N. HADLEY, MD, FACS</b>	<ul style="list-style-type: none"> <li>• Spinal/Vertebral column tumors</li> <li>• Spondylosis</li> <li>• Stenosis</li> <li>• Myelopathy</li> <li>• Chiari malformation</li> <li>• Disorders of the spinal cord and spinal canal</li> <li>• Spinal dysraphism</li> <li>• Spine stabilization and fusion</li> </ul>	<ul style="list-style-type: none"> <li>• MRI Report (within 8 months) or CT myelogram if unable to do MRI</li> <li>• Pertinent prior clinic note</li> <li>• Ht., Wt., BMI</li> <li>• Bring CD of images to appointment or upload to link on first page</li> </ul>
<b>DANIEL HARMON, MD, FAANS</b>	<ul style="list-style-type: none"> <li>• Spine and spinal cord disorders</li> <li>• Spine stabilization and fusion</li> <li>• Tumors of the spinal cord and spinal column</li> <li>• Minimally invasive spinal techniques</li> <li>• Spinal trauma</li> <li>• Traumatic brain injury</li> <li>• Chiari malformation</li> </ul>	<ul style="list-style-type: none"> <li>• MRI Report (within 1 year)</li> <li>• Pertinent prior clinic note</li> <li>• Surgical reports/history (spine only)</li> <li>• Bring CD of images to appointment or upload to link on first page</li> </ul>

# NEUROSURGERY REFERRAL FORM

## SPINE

SURGEON	SPECIALTIES	REQUIRED NEW PATIENT INFORMATION WITH REFERRAL FORM
<b>MAMERHI O. OKOR, MD</b>	<ul style="list-style-type: none"> <li>• Spine and spinal cord disorders</li> <li>• Spine stabilization and fusion</li> <li>• Tumors of the spinal cord and spinal column</li> <li>• Minimally invasive spinal techniques</li> <li>• Spinal trauma</li> <li>• Traumatic brain injury</li> <li>• Chiari malformation</li> </ul>	<ul style="list-style-type: none"> <li>• MRI Report (within 1 year)</li> <li>• Pertinent prior clinic note</li> <li>• Surgical reports/history (spine only)</li> <li>• Bring CD of images to appointment or upload to link on first page</li> </ul>
<b>PATRICK R. PRITCHARD, MD</b>	<ul style="list-style-type: none"> <li>• Spinal cord and spinal column tumors</li> <li>• Peripheral nerve disorders</li> <li>• Minimally invasive spinal surgery</li> <li>• Spine stabilization and fusion</li> <li>• Chiari malformation</li> <li>• Spine and spinal cord disorders</li> <li>• Spinal trauma</li> <li>• Traumatic Brain Injury</li> <li>• Baclofen pump placement</li> <li>• Spinal cord stimulators *(only if he was the surgeon that placed the original device, no other providers place, maintain, or remove SCS)</li> </ul>	<ul style="list-style-type: none"> <li>• MRI within 1 year</li> <li>• Pertinent prior clinic note</li> <li>• Surgical reports/history (spine only)</li> <li>• Mail disc to address below or upload to Ambra</li> </ul>
<b>THOMAS STANER, MD</b>	<p>Offering triage and pre-operative evaluations for a wide range of neurosurgical conditions, including:</p> <ul style="list-style-type: none"> <li>• Spine and spinal cord disorders</li> <li>• Tumors of the spinal cord and spinal column</li> <li>• Spinal stabilization and fusion</li> <li>• Minimally invasive spine techniques</li> <li>• Brain tumors</li> <li>• Carpal tunnel syndrome</li> <li>• Other conditions of the brain and spine</li> <li>• Stenosis</li> <li>• Spondylolisthesis</li> </ul>	<p>Any pertinent medical records of prior evaluation or treatment of condition preferred but not required</p> <ul style="list-style-type: none"> <li>• MRI</li> <li>• CT</li> <li>• PT notes</li> <li>• Epidural blocks</li> <li>• Operative notes if prior surgery on spine</li> </ul>

\* The following notes are recommended: Current History and Physical, Discharge Summaries, Relevant Clinic Notes, Relevant Tests and Results

Mailing Address:

**NEUROSCIENCE ONE, UAB MEDICINE**  
 720 39th Street North, Suite 102  
 Birmingham, AL 35222