

Dr. Timothy Prestley, MD
Neurologist

Dr. Aftab M. Khan, MD
Psychiatrist

Dr. Mark L. Prohaska, PhD
Neuropsychologist

Please Print Legibly

Date: _____

Patent Name: _____ DOB: _____

Social Security # _____ Sex: _____ Male _____ Female

Address: _____ Apt/Lot/Unit # _____

City/State/Zip: _____

Home # _____ Cell# _____ Work # _____

Email: _____ PCP: _____

Please Send Copy of Front & Back of Insurance Card(s)

Insurance (Primary): _____

Insurance (Secondary): _____

Referring Doctor: _____

Phone: _____ Fax: _____

Reason for Referral: _____

Referral To (Circle One):

<p>Neurology Fax: (205) 343-1727 *Email: referrals@novusneuro.com</p>	<p>Psychiatry TMS Fax: (205) 860-6332</p>	<p>Neuropsychology Fax: (205) 344-6171</p>
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Please send records and insurance referral (if required) along with this form. Appointment will not be made until records and insurance referral are received.

2201 Jack Warner Parkway • Tuscaloosa, AL 35401 • Phone: (205) 523-5618

FOR INTERNAL USE ONLY FAXED: _____

Appt. Scheduled: ____/____/____ @ ____:____ w Dr. _____

Pt Notified ____/____/____ @ ____:____ by _____