

# TRI-STATE MOUNTAIN NEUROLOGY ASSOCIATES, P.C.

## Adult Neurology

John M. Dengler, MD  
N. Robb Whaley, MD  
Shelly Howard, NP-C  
Brandy Story, FNP-BC



1321 SUNSET DRIVE, SUITE 11  
JOHNSON CITY, TENNESSEE 37604  
(423) 928-6174 FAX (423) 926-2258

## Procedures

Electroencephalography  
Nerve Conduction Studies  
Electromyography  
Evoked Potentials  
Comprehensive Epilepsy  
Sleep Disorders  
Polysomnography  
Botox Injections  
Nerve Blocks  
Trigger Point Injections

## PATIENT CONSULTATION FORM – REQUEST FOR SERVICES

PATIENT NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_

PHYSICIAN REQUESTING CONSULTATION: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_

OFFICE CONTACT : \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

Has patient seen a neurologist before? YES  NO

IF YES, NAME OF NEUROLOGISTS: \_\_\_\_\_

DATE LAST SEEN BY NEUROLOGISTS: \_\_\_\_\_

REASON FOR REFERRAL  CONSULTATION: \_\_\_\_\_  
 EMG NUMBER OF LIMBS \_\_\_\_\_  
 ROUTINE EEG (*performed in clinic*)  
 AMBULATORY EEG (*performed in clinic*)

### Please fax the following information with this form:

- Insurance Cards
- Current Medication List
- Office note relating to the reason for referral
- Imaging/Testing related to the diagnosis
- Recent or Relevant Lab Work
- Previous Neurology Records

**\*\* Please allow 2-4 business days for review. Once referral has been approved, we will contact the patient, caregiver or facility to schedule \*\***