

FirstHealth Neurosurgery

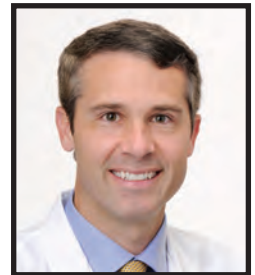
FirstHealth Neurosurgery specializes in the treatment of diseases/disorders of the brain, spinal cord and spinal column, and peripheral nerves within all parts of the body.

Treatment is available for the following diagnoses:

- Cervical & Lumbar Disc Disease
- Brain Tumors
- Ulnar Neuropathy
- Carpal Tunnel Syndrome
- Spinal Stenosis
- Spinal Fractures



Cynthia Z. Africk, M.D.



James B. Walker, M.D.



Andrea Ackroyd, PA-C

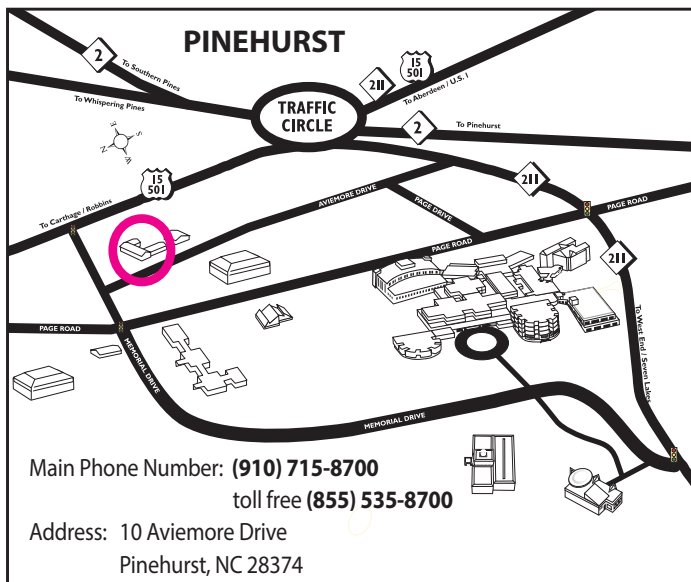


Matthew Coffin, PA-C



Amanda Picerno, PA-C

FirstHealth NEUROSURGERY



FirstHealth Neurosurgery

10 Avimore Drive • Pinehurst, NC 28374 | 2919 Beechtree Drive • Sanford, NC 27330

PATIENT REFERRAL

Please fax to (910) 715-8701:

- 1) This completed form
- 2) Copy of the last pertinent office note related to the referral
- 3) Imaging Study report: must be less than 12 months old of the region for which consult is requested
- 4) Copy of patient's insurance card(s) front and back

If you are requesting an ASAP/STAT appointment, please call our office as well.

We strive for efficiency in our process. This information is necessary to expedite our scheduling process. Thank you for your referral.

Date: _____

Patient Information:

Patient Name: _____ M: _____ F: _____ DOB: _____

Phone Number: (H) (____)____-____ (C) (____)____-____ (W) (____)____-____

Mailing Address: _____

Patient Email: _____

Referring Provider Information:

Referring Provider : _____ Name of Referring Office: _____

Referring Office Phone: (____)____-____ Referring Office Fax: (____)____-____

Person to contact at Referring Office: _____

Primary Care Provider Information:

Primary Care Provider: _____ Primary Care Office _____

Primary Care Office Phone: (____)____-____ Primary Care Office Fax: (____)____-____

Referral Reason Section:

Reason for neurosurgical referral: _____

Referred to (please check one): First Available Africk Walker

Comments: _____

Has patient ever been seen by Drs. Fromke, Campbell, Wadon, Jaufmann, Haworth, Kee, Carson, Moyle or Shupeck? __ Yes __ No

If yes, when? _____

Has the patient ever had any neurological surgery before? __ Yes __ No

If yes, Date, By Whom & Type? _____

Insurance Information:

Please provide insurance information or attach a copy of patient's insurance card and authorization with this referral.

____ Medicare ____ TRICARE ____ Medicaid ____ BCBS ____ Other

Private insurance name _____

Carolina Access PCP Dr.: _____ Carolina Access PCP Dr. NPI#: _____

Worker's Comp: _____ DOI: _____

Adjuster Name: _____ Phone: (____)____-____ Fax: (____)____-____

Advise patient to bring updated list of medications to appointment

Advise patient to bring CD of Imaging Studies to appointment