



**Brady Neuroscience Clinic at Sharp Grossmont Hospital for Neuroscience**

**Neurosurgery Referral for Movement Disorders  
5555 Grossmont Center Drive, La Mesa, CA 91942  
Tel: (619) 740-3200 Fax: (619) 740-4797**

**Patient Referral Form**

Specialist (if known) \_\_\_\_\_

Pt. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Primary MD: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Ref. MD: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance: \_\_\_\_\_ Authorization# \_\_\_\_\_

Reason for Referral: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

**Please Fax the Following:**

- ☐ **Copy of patient's insurance card and valid ID**
- ☐ **Signed Physicians order for evaluation and treatment**
- ☐ **Prior authorization for CPT Codes: 99204, 99205, 99211, 99212, 99213, 99214, & 99215**
- ☐ **H&P or Office Notes**
- ☐ **Labs from the last 90 days**
- ☐ **Current Medication List**
- ☐ **Relevant Imaging (CT, X-ray, MRI, etc.)**

**Thank you for your referral!**

For questions regarding this referral, please call our staff (619) 740-3200