

SHARP

Burr Clinic
Neurosurgery Referral for Movement Disorders
5525 Grossmont Center Drive, Ste. 602
La Mesa, CA 91942
Tel: (619) 740-3085 Fax: (619) 740-8105

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
- CT or MRI of brain/head required within last 5 years for DBS referrals, preferred for FUS referrals

Thank you for your referral!

For questions regarding this referral, please call our staff (619) 740-3085