



**CRAIG DUBOIS, M.D. - ANDREW BRAUNSTEIN, D.O. – RYAN CONRAD, M.D. – DOUGLAS JEFFERY, M.D.**

124 Professional Park Dr.Suite A  
 Mooresville, NC 28117

340 Signal Hill Dr. Suite C  
 Statesville, NC 28625

9735 Kincey Ave, Suite 203  
 Huntersville, NC 28078

Phone center for all 3 locations: (704)662-3077

(704)662-3458 fax

(704)871-8299 fax

(704)766-9053

**Attention;** Please fax the completed form along with a face sheet and any pertinent records (including doctors note, labs, imaging, etc) to one of the Lake Norman Neurology locations listed above. You will receive a return fax with the appointment details. Thank you.

Information needed to schedule an appointment: TODAY’S DATE: \_\_\_\_\_

**Referral to:**           \_\_ Dr.DuBois   \_\_ Dr.Braunstein   \_\_ Dr.Conrad   \_\_ First Available  
                                  \_\_ Dr.Jeffery, Multiple Sclerosis referrals only

Is this request for:  
Consultation   Nerve Conduction/EMG study with consult or without consult

**REASON(include length of symptoms):** \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Cell #: \_\_\_\_\_ Patient Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Office Phne #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

<p>Appointment given on: _____ at _____ am or pm          __ Mooresville   __ Statesville   __ Huntersville   With Doctor _____</p> <p>Appointment made by: _____ Date: _____</p> <p><b>Please call your patient with appointment information. Directions to all locations and new patient paperwork is available on our website: <a href="http://www.lakenormanneurology.com">www.lakenormanneurology.com</a></b></p>
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