

METROPOLITAN
NEUROSURERY
LOGO

REFER A PATIENT

Gregg Dyste MD Robert Roach MD Hart Garner MD Kyle Uittenbogaard MD Kyle Nelson MD

URGENT

NON-URGENT

IF THIS IS AN EMERGENCY, PLEASE CALL OUR OFFICE: 763-427-1137

PATIENT: _____ DATE: _____

DATE OF BIRTH: _____ PHONE # TO CONTACT PATIENT: _____

PRIMARY CONCERN/DIAGNOSIS _____

REFERRING PHYSICIAN/REFERRAL COORDINATOR _____

PHONE NUMBER _____

Has the patient had recent imaging? Yes No

Where was imaging done? _____ Date: _____

REFERRED TO: 1st Available Dyste Roach Garner Uittenbogaard Nelson

CLINIC LOCATION PREFERENCE:

Coon Rapids Minneapolis Plymouth Robbinsdale Maple Grove

Instructions for submitting this form electronically _____ Submit button

Or Fax this form to: 763-427-4643