Metropolitan NEUROSURGERY

REFER A PATIENT

Home / Refer a Patient

Refer a Patient

Please fill out the form below and fax with patient records to 763-427-4643.

Refer a Patient

◯ Urgent ◯ Non-urgent

If this is an emergency, please call our office: 763-427-1137

Patient:

Date:

Date of Birth:

Phone number to contact patient:

Insurance Information:

Primary Concern/Diagnosis:

Referring Clinic Name:

Referring Physicians/Referral Coordinator:

Phone Number:

Has the patient had recent imaging?

◯ Yes ◯ No

Where was imaging done?

Date:

Referred to:

☐ 1st Available ☐ Garner ☐ Uittenboggard ☐ Nelson ☐ Kovanda ☐ Kapurch

Clinic location preference:

☐ Coon Rapids ☐ Minneapolis ☐ Plymouth ☐ Robbinsdale ☐ Maple Grove ☐ Burnsville ☐ Edina

Fax this form to: 763-427-4643