



**SIERRA
NEUROSURGERY
GROUP**

*Expert Care for Brain, Spine
& Pain Management*

NEUROSURGERY

- First Available
- Dr. Demers
- Dr. Morgan
- Dr. Perrin
- Dr. Tolbert
- Dr. Vacca

PAIN MANAGEMENT

- Dr. Blake

Date _____

CONSULTATION REQUEST

Patient Last Name _____ Patient First Name _____

Birthdate _____ Social Security # _____

Home Phone # _____ Cell Phone # _____

Address _____ City _____ State _____ Zip _____

Insurance _____ PolicyHolder _____

Birthdate _____ Social Security # _____

Authorization # _____ No. of Visits _____

Valid From _____ To _____

.....
Diagnosis _____

- Symptoms: Neck Pain Arm Pain Weakness Back Pain Headaches
- Leg Pain Numbness Gait/Balance Issues Vision Issues

Imaging (X-Rays, MRI, CT) Facility _____ Date Completed _____

Pain Management Consult: Intervention Procedure Medication Management

Referring Physician _____

Phone () _____ Fax () _____

Contact Person _____

Please fax all pertinent medical records, A legible copy of insurance card(s) and this form to (775) 325-2378 in order to expedite scheduling of the appointment. Thank you.