

Referral Form
WK Neurology Clinic
2400 Hospital Drive, Suite 310
Bossier City, Louisiana 71111

Office: (318) 212-7430

Fax: (318) 212-7435

Dr. Sanjeevi Tivakaran, MD

Dr. Sachin Thorat, MD

Mary Ann White, FNP

From: _____ Phone: _____ Fax: _____

Patient Name: _____

Patient Date of Birth: _____

All referrals require the following:

- All lab values within the last 3 months
- Recent office notes
- Imaging/Neuroimaging and/or relevant imaging for consult
- Medication list
- Insurance information
- Patient demographics
- ****If a patient has previously seen a neurologist, a full medical record set is required prior to patient being scheduled

*****PLEASE USE THIS REFERRAL SHEET AS YOUR COVER SHEET WHEN FAXING BACK THE REQUESTED ITEMS***

Once all the requested information is received and reviewed by our providers, our office will contact the patient to schedule. Once scheduled, our office will send a faxed notice of appointment date.