



# WALLACE-KETTERING NEUROSCIENCE INSTITUTE

KETTERING HEALTH NETWORK<sup>SM</sup>

## GAMMA KNIFE CENTER REQUEST FOR CONSULT

3535 SOUTHERN BOULEVARD, KETTERING, OH 45429

PHONE (937) 395-8488 OR 1-800-834-9815

FAX (937) 395-8328

PLEASE FILL OUT ALL SECTIONS BELOW TO EXPEDITE APPOINTMENTS WITH PHYSICIANS

Today's Date: \_\_\_\_\_

Patient Name: Last	First	MI	DOB	SSN
Address		City	State	Zip Code
Home Phone #	Cell Phone #		Work #	
Reason for Referral:				
***PLEASE INDICATE WHO SHOULD BE CONTACTED TO SCHEDULE APPOINTMENT				
Patient Designated Contact/Relationship _____				
Phone#: _____				
Insurance: _____ (please fax copy of insurance card front and back)				

**\*\* Along with your request, please fax the following information**

- Medical documentation including physician's initial evaluation of patient and most recent visit note
- Most Current Labs
- Medication list
- MRI/CT reports of head or brain if done
- Patient Demographics
- Any Previous Radiation Records and Pathology Reports

Referring Physician: _____
Address: _____
Phone: _____ Fax: _____
Physician NPI#: _____ Physician Signature: _____
Primary Care Physician: _____

\*Name and phone number of individual submitting form: \_\_\_\_\_