

Your physician may either call in or fax or the following information to our office.

Phone: (918) 743-2882

FAX: (918) 745-0323

PHYSICIAN REFERRAL TO DR. JAY K. JOHNSON, TULSA NEUROLOGY

Today's Date: _____

Referring Dr. _____ Phone: _____

Prefer to receive Dr. Johnson's consultation report by

Fax _____ Email: _____

Reason for Referral _____

Urgency of Appointment: Next available 1-2 weeks ASAP

Patient Name _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Insurance (1) _____ (2) _____

Authorization #: not needed obtained # _____

Appointment Scheduled for:

Day/Date/Time: _____

Dr. Office Notified:

Patient Contacted: