The Vanderbilt Movement Disorders Team would like to thank you for referring your patient for consideration of Deep Brain Stimulation Surgery. This form has been created to assist you in the referral process and to ensure that your referral is routed to the correct personnel.

PATIENT NAME: ___________________________________________________________________________

DIAGNOSIS: ____________________________________________________________________________

DATE: __________________________________________________________________________________

____________________________________           ___________________________

Referring MD (Print)                              Referring MD (Signature)

Phone #: ___________________                  Fax #: ___________________

If you are referring a patient already implanted with a DBS system we will require the following:

☐ LEGIBLE PATIENT DEMOGRAPHIC SHEET WITH BEST # TO CONTACT PT.

☐ LEGIBLE COPY OF INSURANCE CARD(S) FRONT & BACK

☐ LEGIBLE OFFICE VISIT/PROGRESS NOTES (3 MOST RECENT)

☐ Required* MRI or CT Reports within the last 2 year

☐ LEGIBLE MEDICATION LIST

☐ Stage I – Bone Markers (MRI & CT images and reports)

☐ Stage II Intra-operative and operative notes

☐ Initial and most recent programming notes

☐ Post-operative CT images and reports

NOTE: Please allow adequate time for our physicians to review medical records. We will contact your patient upon receipt of records, notify them of referral and mail an education packet if warranted. We will advise you of appointment by fax. This fax transmission may contain confidential information belonging to the sender. The information is intended only for the use of the individual or entity named above. You are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is prohibited by law. If you have received this transmission in error, please contact us by phone to arrange for the return or destruction of the documents.