Yakima Neurosurgery Associates

George F. Gade, MD Michael A. Zinser, PA-C
(Board Certified Neurosurgeon)

1470 N 16th Avenue
Yakima, WA 98902
Phone: 509-574-6030 **Fax:** 509-574-6031

REFERRAL FORM

Referring Provider: ________________________________ PCP: _____________________
Phone: _________________________________ Fax: ________________________________
Address: _______________________ City: _______________ State_______ Zip: _______
Contact Person: _______________________________ Title: _________________________

1. **New Patient Visit (Transfer of Care)** ☐
2. **Consultation (Request for Opinion or Advice)** ☐

What Problem____

Interpreter Required: YES NO If Yes, what Language: ________________

Patient Name: _________________________________ DOB: _________________________
Address: ________________________ City: _______________ State: ______ Zip: ______
Phone: ________________________________ SS#:_________________________________

Subscriber: ____
Employer: ____
Insurance Company: ____
Group #:______________________________ Plan #:______________________________
Co-pay Amt: _________________________Phone: _______________________________
Authorization # (Required unless Medicare or DSHS):_____________________________

Primary Diagnosis: ____

Please note: (REQUIRED) MRI needs to be within the last 6 months prior to scheduling a consult with our office. (Thank you in advance).

What date was the patients last MRI done? _______________________________________
Are the patient's films at Memorial Valley Imaging? Yes_________ No_____________