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ATTENTION: Please fax the completed form, pertinent records (including notes, labs, imaging, etc.) and patient demographic information (**MUST** include a copy of the patient's current insurance card) to the fax number above. You will receive a return fax with appointment details. Thank you!

DATE: _____

LOCATION/PROVIDER

Charlotte

- ☐ First Available
☐ Carraro
☐ Elias
☐ Washburn

Hickory

- ☐ First Available
☐ DuBois (EMG)
☐ Weymann

Huntersville

- ☐ First Available
☐ Conrad
☐ Elias
☐ Jeffery

Mooresville

- ☐ First Available
☐ Braunstein
☐ Conrad
☐ DuBois
☐ Jeffery

Statesville

- ☐ First Available
☐ Braunstein
☐ DuBois

APPOINTMENT TYPE: ☐ Consult/Treat ☐ Nerve Conduction/EMG Study ONLY

INTERPRETER NEEDED: ☐ Yes ☐ No

REASON FOR APPT (include length of symptoms): _____

PATIENT NAME: _____ DOB: _____

ADDRESS: _____

PATIENT CONTACT NUMBERS: _____ (HOME); _____ (WORK)

Primary Insurance: _____ ID: _____

Secondary: _____ ID: _____

COPY OF INSURANCE CARD(S) INCLUDED (REQUIRED TO SCHEDULE APPOINTMENT)?

☐ YES ☐ NO

CONTACT: ASHLEIGH

DIRECT LINE: 704-664-8430

APPOINTMENT INFORMATION

Referring Dr: _____ Office Contact: _____

Phone Number: _____ Fax: _____