

Referral Request to Dr. Del Curling, Neurosurgeon

Neurosurgical Evaluations of the Carolinas

851 Old Winston Road, Suite 107

Kernersville, NC 27284

336/409-4847 (ph) 336/450-1001 (f)

www.DrCurling.com JanCurling@DrCurling.com (office manager)

Please type or legibly print all of the requested information, or designate N/A as appropriate. This form may be printed and mailed via US mail to the Kernersville address above, or faxed to 336/450-1001, or preferably saved and emailed to Jan (office manager) at JanCurling@DrCurling.com. Thank you.

Note carefully that Dr. Curling strictly limits his practice to the realm of neurosurgery--i.e., brain, spine, and peripheral nerve injuries. He will not address issues that he deems to be outside of his area of expertise. If it is unclear whether an evaluation of a particular patient by Dr. Curling is appropriate, we would recommend that you contact us to discuss the specifics of the situation. While Dr. Curling does not routinely require that records be submitted for review prior to requesting an appointment, he may do so in these situations in order to determine the appropriateness of a referral.

Patient/Claimant:

Name:

Address:

Phone (home):

Phone (mobile):

SSN:

Birthdate:

DOI (date of injury):

Injury related to: NC Work Comp Other state Work Comp Fed Work Comp

MVA Non-MVA personal injury Malpractice Other

Employer:

Problem (reason for referral):

Insurance Co. Adjuster or other 3rd party Payor:

Name:

Company:

Address:

Phone:

Fax:

Email:

Case file number:

Case Manager:

Name:
Company:
Address:

Phone:
Fax:
Email:

Carrier's Attorney (defense):

Name:
Company/firm:
Address:

Phone:
Fax:
Email:

Patient's Attorney (plaintiff's):

Name:
Company/firm:
Address:

Phone:
Fax:
Email:

Scheduling specifics:

- Case manager attending appt? Yes No Not sure
- Appointment requested by: Adjuster Case Manager MD
 Sched. Co. Patient Def atty Plaintiff atty Other
- All records and studies (*actual films/CDs, not just reports*) must be received prior to the appt—records no later than 2 days prior and studies no later than time of appt
- Note that signed authorization (memorandum of understanding) and prepayment must be received in our office prior to scheduling of initial appointments or services—if you are not the payor requesting this referral, that information will be forwarded to the payor designated above, and you will be contacted to proceed with scheduling once the necessary information has been received in our office.