



NORTHERN NEUROLOGY SPECIALTIES

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BOARD CERTIFIED IN NEUROLOGY

Physician To Physician Referral Form

Is this referral urgent?

Yes

No

If an urgent appointment is needed, please call 516-364-4484 to speak with the practice administrator.

Please fill out this form completely, include any clinical documentation relevant to this referral, and fax all documents to 516-364-4462.
Clinical Documentation Included (examples include: imaging, lab work, office procedures, office notes, etc.)

Patient Information:

First Name:

Last Name:

Date of Birth (mm/dd/yyyy)

Primary Phone:

Street Address:

City:

State:

Zip:

Details:

Reasons for Referral:

Consult and Diagnostic Testing/Second Opinion

Transfer of Care

Diagnostic Testing Only

Referring Provider Information:

Provider First Name:

Provider Last Name:

Street Address:

NPI Number:

Phone #

Fax#

Physician Signature: _____

Please print out this form and include any relevant clinical documentation. Fax all documents to 516-364-4462. Our office staff will work with your patient to coordinate the appointment. Your office will receive notification via fax once the appointment has been scheduled. To make this request telephonically, please call the office directly at 516-364-4484.