



Gerardo Zavala II, MD
Ladislau Albert Jr., MD

No MRI needed for initial appointment

Referring Physician:

Dr: _____ NPI: _____

Address: _____

Office Phone #: (____) _____ Fax #: (____) _____

Patient Information:

Name: _____ DOB: _____

Referral Authorization: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Insurance: _____

Diagnosis: _____

Please fax patient's demographics, diagnostic test results to (210) 255-8026. Inform patient to bring most recent films to the appointment and to visit our website for patient information and forms.

Reason for referral: (Please check one)

- Consultation Surgical Consultation 2nd Opinion Follow-up EMG/NCV Pain Management

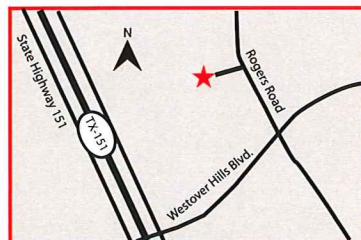
Patient would like to be seen at which location: (Please check one)



Medical Center
 4611 Centerview
 San Antonio, TX 78228



Southwest
 7500 Barlite Blvd, Suite 313
 San Antonio, TX 78224



Westover Hills
 3303 Rogers Road, Suite 250
 San Antonio, TX 78251



Stone Oak
 1139 E. Sonterra Blvd., Suite 565
 San Antonio, TX 78258

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