



# The University of Michigan Department of Neurosurgery

## University of Michigan Health System

Karin M. Muraszko, M.D., Chair  
(734) 936-5015

William F. Chandler, M.D.  
(734) 936-5020

S.M. Farhat, M.D.  
(734) 936-9579

Hugh J. L. Garton, M.D., M.HSc.  
(734) 615-0536

Jason Heth, M.D.  
(734) 615-4486

Julian T. Hoff, M.D.  
(734) 936-5015

Frank La Marca, M.D.  
(734) 936-5024

Cormac O. Maher, M.D.  
(734) 615-0536

John E. McGillicuddy, M.D.  
(734) 936-5017

Paul Park, M.D.  
(734) 615-2627

Parag Patil, M.D., Ph.D.  
(734) 936-9593

Oren Sagher, M.D.  
(734) 936-9593

Teresa Smith, M.D.  
(734) 615-4486

Stephen E. Sullivan, M.D.  
(734) 936-9579

B. Gregory Thompson, M.D.  
(734) 936-7493

Lynda Yang, M.D., Ph.D.  
(734) 936-5017

## Veterans Administration Medical Center

Suresh Ramnath, M.D.  
(734) 769-7100 Ext. 5938

## Crosby Neurosurgical Laboratories

(734) 764-1207

Richard F. Keep, Ph.D., Director

Anuska Andejkovic-Zochowska, M.D., Ph.D.

Steven R. Ennis, Ph.D.

Ya Hua, M.D.

Guohua Xi, M.D.

Chia-Ying Lin, Ph.D.

Jianming Xiang, M.D.

Timothy Schallert, Ph.D. (Adjunct)

Gerald P. Schielke, Ph.D. (Adjunct)

Dear Colleague:

Thank you for referring your patient to the University of Michigan Health System's Department of Neurosurgery. We value our relationship with you and appreciate your confidence in our service and staff.

It is our goal to provide your patient with the highest quality of care in the most efficient manner. To expedite the referral process, we would appreciate your assistance in completing the attached referral request form and faxing it, along with the following information, to 734/647-9233:

**Office Notes** (related to Neurosurgery diagnosis)

**Diagnostic Reports** (MRI and CT within the last 6 months, other Radiology reports no more than 1 year)

**All films should be hand carried by the patient to their clinic appointment.**

We will contact your office to confirm receipt and to notify you of the appointment time offered to your patient. In addition, you may be contacted to provide additional information or additional diagnostic studies that would be helpful in treating your patient. This process may take between 2 to 5 working days. Once the appointment has been scheduled, we will mail an appointment notice to the patient.

The Adult Neurosurgery Service can be reached via M-LINE at 1-800-962-3555. Ask to be connected to our nurse practitioners, to the adult neurosurgeon on-call, or to a specific surgeon. Calls outside of business hours are referred initially to the neurosurgery resident on call.

Again, we greatly appreciate your confidence in referring your patient to our service.

Cordially,

Karin M. Muraszko, M.D.  
Professor and Chair  
Department of Neurosurgery



# Outpatient Consult Request

Questions? Contact M-LINE at 800-962-3555  
 Fax completed form directly to the clinic fax number provided or to M-LINE at 734-615-5886

<b>To</b>	Referred to: _____ <small>(Specialty Clinic or Service)</small> Physician Name / Location _____ <small>(Optional)</small>	
<b>From</b>	Referring Physician: _____ Office Name: _____ <small>(Please Print)</small> Office Contact: _____ Phone#: (____) _____ Fax#: (____) _____ E-Mail Address: _____	
<b>PCP</b> <small>(If different from Referring)</small>	Physician Name: _____ Office Name: _____ <small>(Please Print)</small> Office Contact: _____ Phone#: (____) _____ Fax#: (____) _____ E-Mail Address: _____	
<b>Patient Information</b>	Name: Last _____ First _____ <small>(Please Print) (Please Print)</small> UMHS Registration # (if available): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F DOB: _____ Telephone: Home (____) _____ Work: (____) _____ Other: (____) _____ Address: _____ City: _____ State: _____ Zip: _____	
<b>Other Contact Information</b> <small>(if applicable)</small>	Mother's Name: _____ Father's Name: _____ Other (please explain): _____ Telephone: Home(____) _____ Work: (____) _____ Other: (____) _____	
<b>Insurance Information</b>	Insurance: _____ <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Traditional <input type="checkbox"/> Medicare <input type="checkbox"/> None Medicaid: <input type="checkbox"/> HMO <input type="checkbox"/> Other Medicaid Insurance Plan: _____ Auto Accident? <input type="checkbox"/> Y <input type="checkbox"/> N Date of Injury _____ Work Comp? <input type="checkbox"/> Y <input type="checkbox"/> N Date of Injury _____	
<b>Diagnosis and Reason for Consult or Therapy</b>	<u>UMHS Consult Request Guidelines</u> <a href="http://www.med.umich.edu/umconsults">www.med.umich.edu/umconsults</a>	Appointment Requested: <input type="checkbox"/> Next Available <input type="checkbox"/> Within 2 weeks <input type="checkbox"/> Within 1 week <input type="checkbox"/> Other _____ Second Opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Requesting Physician</b>	<b>Physician Signature:</b> (Required for PT and diagnostic tests only) _____ <small>(Signature) (Date)</small>	