

## 1. Patient Information

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

DOB

\_\_\_\_\_

Phone Number

## 2. Clinical consultation (select type of consultation and sign orders)

Cognitive Disorder Orders  
(patient to receive items a, b and c)

**a) Consultation for: (check one)**

- Progressive cognitive decline (R41.81)
- Alzheimer disease (G30.0)
- Lewy body disease (G31.83)
- Frontotemporal dementia (G31.0)
- Normal pressure hydrocephalus (G91.0)
- Progressive aphasia (R47.01)

**b) MRI brain without contrast (R41.89)**

**c) FDG PET brain (R41.89)**

Movement Disorder Orders  
(patient to receive items a and b)

**a) Consultation for: (check all that apply)**

- Parkinson's disease or Parkinsonism (G20)
  - Multiple system atrophy (G23)
  - Progressive supranuclear palsy (G23.1)
  - DBS management
- Tremor (R25.1)
- Ataxia (R27.0)
- Dystonia G24.8)
- Huntington disease (G10)
- Chorea (G25.5)
- Tourette & Tic Disorder (F95.1, F95.2, F95.8)

**b) MRI brain without contrast (G25.9)**

CNS Immune Disorder Orders  
(patient to receive items a, b and c)

**a) Consultation for: (check one)**

- Multiple sclerosis (G35)
- Neuromyelitis optica (G36.0)
- Optic neuritis (H46.9)
- Transverse myelitis (G37.3)
- CNS white matter disease (G37.5)
- Other CNS immune disorder (D89.89)

**b) MRI brain with and without contrast (D89.9)**

**c) MRI cervical and thoracic spine with and without contrast (D89.9)**

Provider Signature \_\_\_\_\_ Print Name \_\_\_\_\_

NPI \_\_\_\_\_ Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

## 3. Attach demographics, insurance cards and relevant clinical notes, labs, imaging, etc.

4. Fax completed form and records to  
702.483.6007

Main phone: 702.483.6000  
Imaging-only phone: 702.701.7948