



# Summit Neurology Referral

2075 Barkley Boulevard, Suite 222

Bellingham, WA 98226

Fax: (360) 359-7194

Phone: (360) 603-4045

[admin@summitneurology.org](mailto:admin@summitneurology.org)

Provider-to-provider: 360-603-4044

Referring provider \_\_\_\_\_ Provider Fax \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Reason for referral \_\_\_\_\_

## Referral priority

Urgent\*

Next routine appointment available

*\*For very urgent referrals, please email or call the provider-to-provider line.*

## Referral type

Evaluation and management - In-person and/or telehealth visits, assuming care of a neurological condition.

Electrodiagnostic testing only

EMG / nerve conduction studies - Limbs requested\*\*: \_\_\_\_\_

*\*\*Leave blank for neurologist discretion. Neurologist may add or modify limb testing as based on exam and indication.*

Electroencephalography only

EMG/NCS testing + same-day evaluation and management of the associated neurological condition.

*Note: Telehealth visits are a service available to patients of Summit Neurology. The patient may opt to request a Telehealth visit if appropriate consent is provided and the patient agrees to present for an in-person neurological examination at the discretion of the evaluating neurologist.*