CENTRAL FLORIDA NEUROSURGERY INSTITUTE
Hunaldo J. Villalobos, M.D., FAANS
Board certified by the American Board of Neurosurgical Surgery

PHONE: 407-288-8638 FAX# 407-288-8639

Fax Referral

Patient Name: _____ Request Date: _____

DOB: _____ Home Phone#:_____ Alternate#: _____

Insurance(s): _____ (If required, Authorization#): _____

Chief Complaint/Diagnosis: _____

Referring Physician: _____ Office #:_____

Contact Person: _____

PLEASE COMPLETE FORM AND FAX TO OFFICE WITH MOST RECENT OFFICE NOTES, DIAGNOSTIC REPORTS, PATIENT DEMOGRAPHICS, AND INSURANCE INFORMATION.

BRAIN:

□ Abnormal MRI or CT Brain
□ Brain Mass
□ Pituitary Tumor
□ Brain Consultation Other
□ Trigeminal Neuralgia
□ Aneurysm
□ Primary or Metastatic Brain Mass/Lesion
□ Hydrocephalus (New Onset)

SPINE:

□ Cervical Spine Consultation
□ Neck Pain Evaluation
□ Thoracic Spine Consultation
□ Back Pain Evaluation
□ Lumbar Spine Consultation
□ Primary or Metastatic Spinal Mass/Lesion
□ Spine Fracture Evaluation (Kyphoplasty /Vertebroplasty)
□ Chiari Malformation/Syringomyelia
□ Peripheral Nerve Entrapment

THANK YOU FOR CHOOSING CFNI FOR YOUR NEUROSURGICAL REFERRALS!