



# Tidewater Neurologists, Inc. & Sleep Disorder Specialists

PARTNERING FOR BEST SLEEP & BRAIN HEALTH

## REFERRAL FORM

### SLEEP DISORDER CENTERS

3235 Academy Avenue  
Suite 305  
Portsmouth, VA 23703  
Tel. 757-686-9300  
Fax 757-686-1514

300 Medical Parkway  
Suite 108  
Chesapeake, VA 23320  
Tel. 757-549-8800  
Fax 757-547-8180

2713 Magruder Blvd  
Suite G3  
Hampton, VA 23666  
Tel. 757-262-0390  
Fax 757-262-0391

4480 Holland Office Park  
Bldg 2, Suite 225  
Virginia Beach, VA 23456  
Tel. 757-228-5801  
Fax 757-228-5063

#### S. HABEEB RAHMAN, M.D., EMERITUS

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Board Certified Sleep Medicine, ABPN*

#### HEMANG SHAH, M.D.

*Diplomate of the American Board  
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Board Certified Sleep Medicine, ABPN  
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### REFERRAL FORM

•Neurology Consultation

Diagnosis: \_\_\_\_\_

•Sleep Disorder Consultation

Diagnosis: \_\_\_\_\_

•EMG and Nerve Conduction Study

Diagnosis: \_\_\_\_\_

(circle) Upper extremity: R L

Lower extremity: R L

Date: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M / F SSN: \_\_\_\_\_

is this patient willing to see NP or PA YES NO Email: \_\_\_\_\_

*\*To help us serve your patient, please fax the following information with this referral form:*

- COPY OF INSURANCE CARDS
- INSURANCE REFERRAL OR AUTHORIZATION
- MEDICAL RECORDS

THANK YOU FOR YOUR REFERRAL.

Fax this form to preferred office location: Hampton / 262-0391, Chesapeake / 547-8180, Portsmouth / 686-1514, Virginia Beach / 228-5063