



NeuroSpine & Pain

C E N T E R

of Key West

1111 12th Street, Suite 212
 Key West, FL. 33040
 305-296-2212
 Fax: 305-296-2209

William D. Schnapp, M.D.
 Jonathan R. Gottlieb, M.D.

Patient Name: _____ DOB: _____ SS No. ____ - ____ - ____

Patient Phone No: _____ Best Time To Call: _____ AM/PM

Subscriber Name: _____ ID No.: _____

Insurance Name: _____ Phone No. _____

Print Name of PCP: _____ Phone No. _____

Address of PCP: _____

Name of Referring Physician: _____ Phone No. _____

Signature of Referring Physician: _____

Reason for Referral: ICD-10: _____ Diagnosis: _____

Referral Number: _____ Issue Date: _____ Exp: _____

- Initial consultation and report (one visit)
- Initial consultation and report with follow-up as determined by examining physician

Special procedure, test or treatment as indicated:

- EEG Ambulatory Routine Sleep Deprived
- EMG Upper Bilateral Right Left
- Lower Bilateral Right Left
- Injections* Cervical Thoracic Lumbar/Sacral Sacroiliac Joint Botox®
- Other: _____

PLEASE FAX OFFICE NOTES, X-RAYS AND LABS RELATED TO THIS CONSULT
 FAX NUMBER 305-296-2209
 For services that require prior authorization, please contact the office.

*All injection requests must be preceded by a consultation unless otherwise arranged by physician to physician contact and clearance.