



Referral Form (June 2025)

Date of referral: _____

Referrals are considered incomplete and **will not be reviewed until all the following items are received:**
(if a patient does not have requirements on file you **must** have them completed **before** sending the referral)

- ☐ Completed referral form
- ☐ Legible photocopies of insurance cards
- ☐ Patient Demographics / Face sheet
- ☐ Office notes indicating memory loss with an updated medication list
- ☐ Scanned copy (not typed score summary) of cognitive testing (MMSE>20 or MOCA>16)
MOCA or MMSE Score _____ Date Performed _____ Please attach FULL TESTING.
- ☐ Brain MRI or FDG PET within the last year (CT scan if patient has implanted device)
Imaging Type _____ Date _____ Please attach report.
- ☐ Labs (**all three are required**)

B12	Date _____	Results _____
TSH	Date _____	Results _____
Creatinine	Date _____	Results _____
- ☐ Confirmation of Amyloid (OPTIONAL but preferred)

Amyloid	Date _____	Results _____
Ptau217	Date _____	Results _____
Ptau181	Date _____	Results _____

Preference will be given to patients with confirmation of amyloid in addition to the above requirements.

Referring Physician _____

Phone Number _____ Fax Number _____

Insurance Name _____

Patient Name _____ Date of Birth _____

Preferred Contact Name and Number for Scheduling _____

Please call our scheduling department at ext. 202 with any questions. Thank you for your partnership!