

Joe Sam Robinson, MD
Kim Johnston, MD
Hugh Smisson, MD

Georgia Neurosurgical Institute
Appointment Request Form
(478) 743-7092 Phone (478) 743-6293 Fax

Richard Rowe, MD
Igor DeCastro, MD
M. Ajjan, MD

Date: _____ Reason for Referral: _____

Patient Name: _____ DOB: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip: _____

Home No.: _____ Cell No.: _____

Work No.: _____ Email: _____

Has the patient had any previous surgery on the body part being referred to us? No Yes

If yes, name, location of surgeon, date of surgery: _____

Has this patient seen any of our physicians before? No Yes, Doctor: _____

Is this related to an accident? No Yes

Is this WC? No Yes

Primary Insurance: _____ Policy#: _____

Secondary Insurance: _____ Policy#: _____

Referring Physician: _____ Contact Person: _____

Phone: _____ Fax: _____

Physician Requested: No Physician Preference (first available)

Dr. Robinson Dr. Johnston Dr. Smisson

Dr. Rowe Dr. Decastro

EMG Only

Physical Therapy Only

Would the patient prefer to see a physician on Saturday No Yes

GNI offers clinic in the following locations. The Scheduling Department will discuss office visit options with the patient to provide the most convenience.

MACON WARNER ROBINS DUBLIN LOCUST GROVE

****REQUIRED INFORMATION FROM REFERRING DOCTOR****

Demographics (with copy of insurance cards), Doctor's Notes/Health History and any Imaging that has been completed in the last year (X-Ray, MRI &/or CT Reports)