



Nandan Lad, MD, PhD  
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 Functional and Pain  
 Division of Neurosurgery

Thank you very much for your referral!

**Please have patient contact office directly at 919.681.4986 TWO days after sending records to receive appointment.**  
 Dr. Lad sees patients at the Duke Clinic on Thursdays. Please fill out this form completely and fax back to 919.681.1236.

**ALSO INCLUDE MRI, CT, OR MYELOGRAM REPORTS WITHIN LAST (18) EIGHTEEN MONTHS, ANY PREVIOUS OPERATIVE REPORTS AND CURRENT MEDICATION LIST. REFERRAL WILL NOT BE PROCESSED OTHERWISE.**

**Patients must have insurance.**

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### New Patient Referral Form

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

DOB \_\_\_\_\_ SS#: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Referring MD \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax#: \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Referral Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_

**Appointments will be mailed with date, time, locations and driving directions if the patient does not call to schedule. Please inform ALL patients they will need to bring the actual CD or Films if they are scheduled to see Dr. Lad! Appointments will be cancelled if required information is unavailable at time of clinic visit.**

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