

Highland Neurology Referral Form

990 South Ave, Suite 202, Rochester, NY 14620

Phone: 585-341-0100

Fax: 585-341-0202

Date of Referral: _____ / _____ / _____

Referring Provider: _____ Phone: _____

Requested Provider:

- Chris Burke, MD
- Anthony Maroldo, MD
- Paul Twydell, DO (For botulinum toxin treatment of spasticity)
- First available provider
- Leslie Lee, MD
- Michael Yurcheshen, MD

Dr. Heidi Schwarz is not currently accepting new patients.

Patient needs to be seen: Within 1 week At first available appointment

Patient Info:

Name: _____

DOB: _____ / _____ / _____ Phone: () _____ - _____

Primary Insurance: _____ MVA Worker's Comp

We unfortunately are unable to see patients with straight Medicaid as their primary insurance, but happily accept Preferred Care or Blue Choice Option and Family Health Plus

Interpreter services required? NO YES, language: _____

Patient referred for: Evaluation and Management Consult with Recommendations

Clinical Information (Please be as specific as possible. Include clinical problems/symptoms, exam findings, treatments/interventions attempted to date, studies done, and clinical question to be answered. If helpful, please attach relevant office notes and lab/imaging reports to provide this information):

To schedule an EMG or EMG with neuromuscular consultation, call 585-275-4568.