



Gerardo Zavala II, MD
Ladislau Albert Jr., MD

No MRI needed for initial appointment

Referring Physician:

Dr: _____ NPI: _____
Address: _____
Office Phone #: (____) _____ Fax #: (____) _____

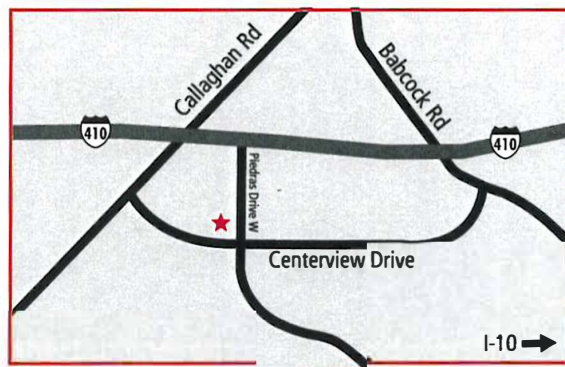
Patient Information:

Name: _____ DOB: _____
Referral Authorization: _____
Home Phone #: _____ Cell #: _____ Work #: _____
Insurance: _____
Diagnosis: _____

Please fax patient's demographics, diagnostic test results to (210) 255-8026. Inform patient to bring most recent films to the appointment and to visit our website for patient information and forms.

Reason for referral: (Please check one)

☐ Consultation ☐ Surgical Consultation ☐ 2nd Opinion ☐ Follow-up ☐ EMG/NCV ☐ Pain Management



Medical Center

4611 Centerview, San Antonio, TX 78228

www.neuroandspineconsultants.com

NPI: 1699905596 GRP

TAX ID: 270610680 GRP