



Gerardo Zavala II, MD
Ladislau Albert Jr., MD
Michael Cohen, 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

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