

CLINICAL NEUROLOGY BOARD CERTIFIED NEUROLOGIST

KEVIN R. KRISTL, M.D. CANDIE BOOKS, RN, MSN, FNP-C



Patient Name:			
Address:			
Birthdate:			
Phone #:			
Insurance:			
Type of Referral: EEG EMG (upper) EMG (lower) Ambulatory EEG 24hr 48hr 72hr Cognitive Screen Skin Biopsy Botox (migraine) Botox (muscle spasticity)	☐ Abortive Migraine Infusion ☐ Vyepti ☐ Vyvgart ☐ Ultomiris ☐ Ocrevus ☐ Tysabri	☐ Seizures ☐ Multiple Sclerosis ☐ Myasthenia Gravis ☐ Weakness ☐ Numbness ☐ Neuropathy	☐ Memory Loss ☐ Carpal Tunnel ☐ Vertigo ☐ Other:
Referring Physician:			
Fax #:			
Phone #:			
The	ank You for Your	Referral!	
Thank You for Your Referral! Please attach patient records and insurance information with fax			