



NEW HORIZON MEDICAL CENTER

3201 W Peoria Ave, Ste D805, Phoenix AZ 85029

Phone: (602) 715-1185 Fax: (855) 583-3686

REQUEST FOR PCP REFERRAL: NEUROPATHY CONSULTATION

1. PATIENT INFORMATION

- Patient Name: _____
- Date of Birth: _____ Phone: _____
- Insurance Carrier: _____
- Member ID: _____ Group: _____

2. TO: PRIMARY CARE PROVIDER (PCP)

- Physician Name: _____
- Practice Name: _____
- Phone: _____ Fax: _____

3. FROM: REQUESTING SPECIALIST

- Practice Name: New Horizon Medical Center
- Requesting Provider: Lynnette Lambert, FNP (NPI: 1538281522)
- Ysis Campacheno, PA-C (NPI: 1144979881)
- Phone: 602-715-1185 - Fax: 855-583-3686
- Tax ID: 88-1598466

4. APPOINTMENT DETAILS & REASON FOR REQUEST *The above-named patient has contacted our office for a neuropathy consultation. To proceed with their care and ensure insurance compliance, we kindly request a formal referral and relevant medical records from your office.*

- Scheduled Appointment Date (if applicable): _____ Time: _____
- Neuropathy Consultation & Treatment
- Pain Management Evaluation

5. RELEVANT DIAGNOSIS / ICD-10 CODES (For your referral order)

- **G57.9** — Mononeuropathy of lower limb, unspecified
- **G60.9** — Hereditary and idiopathic neuropathy, unspecified
- **E11.40** — Type 2 diabetes mellitus with diabetic neuropathy, unspecified
- **M79.60** — Pain in limb, unspecified
- **R20.2** — Paresthesia of skin (numbness/tingling)
- **G89.29** — Other chronic pain
- **Other:** _____

6. MEDICAL RECORDS REQUESTED Please fax your standard referral form along with the following records:

- Most recent Progress Notes / H&P
- Recent Labs (e.g., A1C, CBC, CMP, B12, TSH)
- Recent Imaging Reports (MRI / X-ray of spine or extremities)
- Current Medication List

7. PATIENT AUTHORIZATION I hereby authorize my Primary Care Provider (PCP) to generate a referral and release my relevant medical records to the specialist named above for the purpose of a neuropathy consultation and evaluation.

- **Patient Signature:** _____ **Date:** _____

SUBMITTAL INSTRUCTIONS Please fax the completed referral and associated medical records to New Horizon Medical Center at: **855-583-3686**

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