Matthew **Mian, MD**
Brain and Spine Surgery

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NEUROSURGERY REFERRAL FOR

Dr. Matthew Mian

Director of functional neurosurgery, HCA HealthONE Swedish
Neurosurgeon, CarePoint Neurosurgery

REFERRING PROVIDER

From: _____

PATIENT INFORMATION

Name: _____ **DOB:** _____ **Phone:** _____

REASON FOR REFERRAL

CRANIAL

- ☐ Trigeminal neuralgia / facial pain
- ☐ Brain tumor
- ☐ Epilepsy
- ☐ Hemifacial spasm
- ☐ Other: _____

MOVEMENT DISORDERS

DIAGNOSIS

- ☐ Essential tremor
- ☐ Parkinson's disease
- ☐ Dystonia

REQUESTED THERAPY

- ☐ Deep brain stimulation
- ☐ Focused ultrasound (ET only)
- ☐ DBS battery replacement
- ☐ Evaluate and advise

SPINE

- ☐ Cervical disease (stenosis, radiculopathy, and/or neck pain)
- ☐ Lumbar disease (stenosis, radiculopathy, and/or back pain)
- ☐ Spine tumor
- ☐ Other: _____

ADDITIONAL NOTES

Please attach demographics and a recent clinical note, and send to CarePoint Neurosurgery by **fax (720) 360-1195** or **email MDMian@carepointhc.com**.