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## Neurosurgery referral for:

### Dr. Matthew Mian

Director, Functional Neurosurgery, Swedish Medical Center  
Neurosurgeon, [CarePoint Neurosurgery and Spine](#)



**From:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### *Patient Information:*

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### *Reason for Referral:*

##### Cranial

- Trigeminal neuralgia / facial pain
- Brain tumor
- Epilepsy
- Hemifacial spasm
- Other: \_\_\_\_\_

##### Movement Disorders

- Essential tremor
- Parkinson's disease
- Dystonia
- DBS battery replacement

##### Spine

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

#### Additional Notes:

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Please attach demographics and a recent clinical note and submit to CarePoint Neurosurgery by either **Fax: (720)360-1195** or **Email: [MDMian@carepointhc.com](mailto:MDMian@carepointhc.com)**