

## 1. Patient Information

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ DOB

\_\_\_\_\_ Phone Number

## 2. Clinical consultation orders *(select symptom/condition category; sign order)*

### Cognitive Disorder

Requires completion of specific MRI at Cleveland Clinic before a neurology appointment can be scheduled. Complete and sign Section 4 / Imaging Orders below.\*\*

#### Consultation for: (check one)

- Progressive cognitive decline (R41.81)
- Alzheimer disease (G30.0)
- Lewy body disease (G31.83)
- Frontotemporal dementia (G31.0)
- Normal pressure hydrocephalus (G91.0)
- Progressive aphasia (R47.01)

### Movement Disorder

#### Consultation for: (check all that apply)

- Parkinson's disease or Parkinsonism (G20)
  - Multiple system atrophy (G23)
  - Progressive supranuclear palsy (G23.1)
  - DBS management
- Tremor (R25.1)
- Ataxia (R27.0)
- Dystonia G24.8)
- Huntington disease (G10)
- Chorea (G25.5)
- Tourette & Tic Disorder (F95.1, F95.2, F95.8)

### CNS Immune Disorder

#### Consultation for: (check one)

- Multiple sclerosis (G35)
- Neuromyelitis optica (G36.0)
- Optic neuritis (H46.9)
- Transverse myelitis (G37.3)
- CNS white matter disease (G37.5)
- Other CNS immune disorder (D89.89)

What is your main objective in requesting this consultation?

- Opinion on diagnosis   
  Opinion on treatment   
  Evaluation and management   
  Other \_\_\_\_\_

Provider Signature \_\_\_\_\_ Print Name \_\_\_\_\_

NPI \_\_\_\_\_ Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

## 3. Attach demographics and insurance cards. Provide test results (labs, imaging, etc.) and office notes pertinent to the reason for consult.

Referrals with insufficient information will be returned for more detail.

## 4. Imaging Orders: *\*\*Required for Cognitive Disorders consults. We will perform prior authorization for MRI at Cleveland Clinic Nevada, or will forward to patient's in-network imaging facility.*

### MRI brain without contrast (R41.81)

with volumetric analysis if available

If volumetric analysis is not possible, then perform these five sequences:

- 3D T1 MPRAGE (with coronal reconstruction)
- 3D FLAIR
- DWI and ADC
- SWI or GRE
- 2D T2 axial

Patient cannot undergo MRI (e.g. due to metal in body, pacemaker, implanted stimulator).

Reason: \_\_\_\_\_

Provider Signature \_\_\_\_\_

## 5. Fax completed form and records to 702.483.6007

Main phone: 702.483.6000    Imaging-only phone: 702.701.7948