Daniel Kitei, DO, MA
Katie Coever, MD, PhD, FAAN
Ro Elgavish, MD, PhD
Melissa Butler, PA-C

Rocky Mountain Neurology

Referral Form (Physician use ONLY)

Patient Name: _____

Date of Birth: _____ Patient Phone Number: _____

Insurance: _____

Referring Physician: _____

Referral Information

☐ **Dr. Katherine Coerver, M.D., Ph.D., FAAC.**
- Memory loss/Cognitive decline
- Alzheimer's/Dementia
- Headaches/Migraines
- Seizure/Epilepsy

☐ **Dr. Daniel Kitei, D.O., M.A.**
- EMG/NCS testing only

☐ **Dr. Ro Elgavish, M.D., Ph.D.**
- Seizure/Epilepsy

☐ **Melissa Butler, PA-C**
- Migraine/Headaches
- Seizure/Epilepsy
- Tremors
- Dizziness/Vertigo
- Memory Loss
- Concussion/Closed head injury/TBI
- Numbness/tingling (Paresthesia)
- Peripheral Neuropathy
- Botox for Migraines
- Neck/back pain
- Radiculopathies
- Balance issues
- Syncope
- Stroke/TIA

Diagnosis: _____

Faxed Referrals **MUST include demographics, copy of ID and insurance cards, last office visit notes and any other important records**

Referral Fax: 866-383-0569

PLEASE NOTE: Referrals can take up to 3 business days to process and contact patients