



**CONNECTICUT NEUROLOGICAL SPECIALIST, LLC  
FAIRFIELD HEADACHE CENTER, LLC  
HAMID R. SAMI, MD, MSc**

**Meriden Office:** 455 Lewis Avenue, Suite 202, Meriden, CT 06451  
(We are located at MidState Medical Center, 2<sup>nd</sup> Floor)  
**Bridgeport Office Fairfield Headache Center (On Fridays Only):**  
4637 Main Street, Bridgeport, CT 06606  
**Phone: 203-630-1000 or 203-630-7000 Fax: 203-413-3333**

**NEW PATIENT REFERRAL**

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Insurance: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_ ID #: \_\_\_\_\_  
Group#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

*If different than patient:*

Subscriber: \_\_\_\_\_

Subscriber's D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Reason for Referral:**

Neurological Consultation For \_\_\_\_\_

EEG (in Meriden Office only) For \_\_\_\_\_

EMG/Nerve Conduction Studies For \_\_\_\_\_

Botulinum Toxin Therapy For \_\_\_\_\_

Urgent    Routine    In Meriden Office    In Bridgeport Office

**Please include your last few pertinent notes and lab results with this form if available.**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

Referring Physician: \_\_\_\_\_

AUTH #: \_\_\_\_\_

Referring Physician Fax # \_\_\_\_\_

Referring Physician UPIN#: \_\_\_\_\_

Referring Physician NPI#: \_\_\_\_\_

**PLEASE FAX THIS COMPLETED FORM WITH ANY  
PERTINENT MEDICAL RECORDS TO 1-203-413-3333**