

NeuroTek Inc.

Jacksonville MS & Neurology

Sleep & Neurological Diagnostic Testing Center

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Phone: 904-276-1663 Fax: 904-276-2469

PATIENT NAME: _____

SS# _____ DOB _____

HOME PHONE# _____ CELL# _____

Diagnosis Code: _____

Procedure:

NEW PATIENT EVALUATE
AND TREAT

POLYSOMNOGRAPHY

CPAP/BIPAP TITRATION

NCVE / EMG/ SUDOMOTOR

EEG _____ HRS

ULTRASOUND _____

BAER

VEP

HOLTER MONITOR

BOTOX

ANSAR

HST (Home Sleep Study)

Referring Provider Signature: _____

Referring Provider: _____ NPI# _____

Phone: _____ Fax: _____

Please fax this form along with patient demographics and insurance information to
904-276-2469

THANK YOU FOR YOUR REFERRAL