



Date: \_\_\_\_\_

**Illinois Neurological Institute Request for Service**  
Phone: 877-464-6670 • Fax: 877-464-6806 • www.ini.org

Consultation     Test     Consultation, Test and Initiate Treatment  
Reason for Request/Diagnosis: \_\_\_\_\_  
Urgent Request:  Yes  No If Yes, reason \_\_\_\_\_  
Requesting Provider Signature: \_\_\_\_\_

Please check the requested facility/service and fax completed form with records to 877-464-6806

**INI Neurology – Randolph Building**

- General Neurology
- Parkinson’s Disease/Movement Disorders/DBS
- Headache Clinic
- NeuroRehabilitation
- Multiple Sclerosis
- Neuromuscular/MDA

**INI Neurology – Proctor Professional Building**

- INI Neurology Bloomington (Ft Jesse)**
- INI Physical Medicine & Rehabilitation**
- INI Carotid Clinic** (Phone 309-624-3473)

**INI Neurosurgery**

- INI Gamma Knife Clinic** (Fax 309-624-3473)

**INI Neuro-Diagnostic Center**

**6<sup>th</sup> floor –OSF Saint Francis Medical Center**

- INI Sleep Center
- INI Neuro-Ophthalmology (Fax 309-655-2040)
- INI Neuro-Vestibular Clinic (Vertigo)
- INI Epilepsy Center
- INI Stroke Center
- INI Memory Disorders Clinic

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID : \_\_\_\_\_

Has insurance authorization been received? Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization # \_\_\_\_\_

Is this a Worker’s Compensation Case? Yes \_\_\_\_\_ No \_\_\_\_\_

Requesting Provider: (First/Last Name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

**Please fax the following with the completed request form to 877-464-6806:**

- Any relevant office notes and a pertinent summary/problem list
- Current medication list, including OTC and herbal medications
- List of allergies
- Copy of patient insurance card
- Any lab, pertinent x-ray, CT, MRI, EEG, EMG/NCV, Doppler and CT-myelogram reports

**Please circle the type of testing completed and the facility where it was performed**

X-ray    CT    MRI    EEG    EMG/NCV    CT-Myelogram    Doppler studies    Angiogram  
OSF    Methodist    Proctor    Great Plains    Peoria Imaging    Other \_\_\_\_\_