



Vaught Neurological
Services, PLLC

New Patient Referral

B.K. Vaught, MD
Neurology &
Neuromuscular Medicine
*A diplomate of the American
Board of Psychiatry and
Neurology, Inc., a member
Board of the American Board of
Medical Specialties.*

- Consultation
- EMG/Nerve Conduction Study

Patient's Name _____

D.O.B _____

Address _____

City, State, & Zip _____

Phone: _____

SS# _____

Insurance _____

Clinical History/ Reason for Study/Referral:

Referring Physician _____

Phone #: _____

****Please send corresponding clinic notes and laboratory studies with this form. Please ask the patient to bring all recent MRI, CT (films or CD) to the scheduled appointment.**

3155 Robert C. Byrd Drive
Beckley, WV 25801

Phone: (304) 252-4222
Fax: (304) 252-3616

www.vaughtneurology.com

Appointment Time and Date: _____