

PATIENT REFERRAL FORM

Dell Children's Comprehensive Epilepsy Center

Medical Office Address: 4910 Mueller Blvd., Suite 300 • Austin, TX 78723

Hospital Address: 4900 Mueller Blvd. • Austin, TX 78723

Fax: (512) 380-7544 • Phone: (512) 628-1855

Email: DCMCepilepsy@seton.org

PATIENT NAME: _____ DOB: _____

REFERRING PHYSICIAN NAME: _____

REFERRING PHYSICIAN PHONE NUMBER: _____

REFERRING PHYSICIAN FAX NUMBER: _____

IMPORTANT: Please fax patient demographics, insurance information and patient records including if available; office notes, neurology notes, EEG reports, MRI reports and lab results. If referring for ketogenic diet initiation please include results of lactic acid, pyruvic acid and urine organic acids, if performed.

EPILEPTOLOGISTS

Dave Clarke, MD, Director
Freedom Perkins, Jr., MD

KETOGENIC DIETITIANS

Mary Beth Joy, MS, RD, CSP, LD
Karrie Stuhlsatz, RD, CSP, LD

NEUROSURGERY

Mark Lee, MD, PhD,
Co-director

NURSE PRACTITIONERS

Ligiola Aranaga Sanchez, CPNP-AC
Miriam Jackson, CPNP-AC
Michelle McCartney, CPNP-PC
Sally Monahan, CPNP-PC
Erin Moore, CPNP-PC
Janet Wilson, CPNP-PC

REASON FOR REFERRAL

Ketogenic Diet

Medical Management

Surgical Evaluation

Video EEG

Thank you for your kind referral to our program.



NEW LOCATION

Dell Children's Specialty Pavilion
4910 Mueller Blvd. • Austin TX 78723

