



Harry Gould, MD, PhD

REFERRAL FORM EXCLUSIVELY FOR QUTENZA PATCH (capsaicin 8% patch)

Indicated for patients with PHN (post herpetic neuralgia)

REFERRING PHYSICIAN & SPECIALTY: _____

PATIENT NAME: _____ DOB: _____

MALE: _____ OR FEMALE _____

PATIENT HOME PHONE NO. _____

PATIENT WORK/CELL NO. _____

INSURANCE INFORMATION/COMPANY NAME _____

**A COPY OF INSURANCE CARD (S) IS REQUIRED UPON REFERRAL AND A COPY OF DEMOGRAPHICS.
ORIGINALS MUST BE PRESENTED UPON PATIENT VISIT**

YOU MAY FAX TO: 504-412-1518

No other services will be performed during this visit.

THANK YOU!

NEUROLOGY PHYSICIAN PRACTICE

2820 Napoleon Avenue
Suite 700
New Orleans, LA 70115

P 504.412.1517
F 504.412-1518