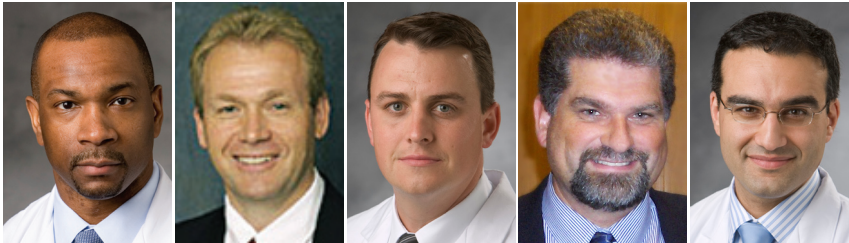


Duke Neurosurgery of Raleigh



Carlos Bagley, MD

Gavin Britz, MD

Peter Grossi, MD

Michael Haglund, MD

Ali Zomorodi, MD

Overview

Duke Neurosurgery of Raleigh offers a multidisciplinary team of experts specializing in complex diseases of the brain and spine. Patients have access to all of the advantages of a large academic hospital, including the cutting-edge research and treatments of the world-renowned Duke Division of Neurosurgery and the Preston Robert Tisch Brain Tumor Center, offered in a convenient and inviting local setting.

Upon your referral, your patients will receive expedited access to appointments and thoughtful care from our staff. Please use the reverse form to help coordinate your patients' consultations.

Location

Duke Medicine Plaza
(on the campus of Duke Raleigh Hospital)
3480 Wake Forest Road
Suite 500
Raleigh, NC 27609

Phone: 919-862-5650

Fax: 919-862-5611



Scope of Care

- Treatment of primary and metastatic tumors of the brain and spinal cord
- Minimally invasive surgery of the spine
- Complex and reconstructive surgery of the spine for degenerative conditions and disc disease
- Metastatic and primary spinal column tumors
- Treatment of benign and malignant tumors of the base of the skull
- Treatment of pituitary tumors
- Endovascular treatment of acute ischemic stroke
- Endovascular and microsurgical treatment of ruptured and unruptured cerebral aneurysms and arteriovenous malformations
- Diagnostic monitoring and surgical treatment of epilepsy
- Treatment of benign and malignant tumors of the peripheral nervous system and surgical treatment of peripheral nerve entrapment syndromes (e.g., carpal tunnel syndrome)
- Treatment of Chiari malformations and other disorders of the craniocervical junction
- Cerebrospinal fluid shunting for hydrocephalus
- Surgical and endovascular treatment of extracranial and intracranial carotid artery and vertebrobasilar atherosclerotic disease

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OFFICE USE ONLY

Appt Date: _____ / _____ / _____

Time: _____ : _____ am / pm

Faxed: _____ / _____ / _____

Patient Information

Patient Name: _____ Date of Birth: _____

Duke History # or SS#: _____

Address: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Clinical Information

Appointment Need Urgent appointment Within two weeks Next available

Reason for Referral: _____

Date and Location of Recent Imaging Studies: _____

(Fax MRI report from within last six months and most recent clinic note pertaining to the referral.)

Referring Physician: _____

Office Phone: _____ Office Fax: _____

Referring Practice's Contact Person: _____

Insurance Information (attach copy of card if available)

Company: _____ Subscriber ID: _____

Group Number: _____ Subscriber Name: _____

Subscriber Date of Birth: _____

Insurance Contact Number: _____

Referral or Pre-Cert Number: _____

Please provide as much information as possible and fax to 919-862-5611.

We will call your office back promptly with an appointment for the patient.

Thank you for allowing us to participate in the care of your patient.