

Neurofibromatosis (NF) Clinic

Department of Neurology
Pediatric Neurology
660 S. Euclid Avenue, St. Louis, MO 63110
Phone: (314) 454-6120 Fax: (314) 454-2523



NEUROFIBROMATOSIS (NF) CLINIC CONSULTATION REQUEST

Please choose one of the following below:

- Provide consultation only
- Provide consultation and initiate diagnostic tests/treatment if necessary
- I would like to transfer the NF care of this patient to you

In order to provide the best care for individuals and families with NF, we require that you complete this form and fax it back to our office prior to the patient's visit.

Patient Name: _____ DOB: _____

Requesting Physician: _____ Phone: _____

Office Address: _____

Reason for request (please check all that apply):

- Café-au-lait macules
- Neurofibromas/Plexiform neurofibroma
- Neurofibromatosis type 1 (NF1)
- Neurofibromatosis type 2 (NF2)

We also require that patient records, relevant radiologic studies, and consultation reports be sent to us by FAX prior to the appointment:

- Patient records
- Brain or body MRI scans (on disk)
- Ophthalmology Reports
- Relevant electrodiagnostic or audiology studies
- Neuropsychologic evaluation

**Thank you for your referral to the Neurofibromatosis (NF) Clinic.
Please fax this completed request back to (314) 454-2523 Attn: Jessica Heuring.
Keep the original for your records.**