



### Patient Information (REQUIRED)

Patient First Name	Patient Last Name	
Birth Date (mm/dd/yyyy)	Email	
Mobile Phone Number	Home Phone Number	
Address		
City	State	Zip
Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		

### Care Partner Information

Care Partner First Name	Care Partner Last Name
Care Partner Phone	Care Partner Email

### ICD-10 Diagnosis Code (REQUIRED)

#### Aging

- ☐ R41.81 Age-related cognitive decline  
☐ G31.84 Mild cognitive impairment of uncertain or unknown etiology

#### Neurovascular

- ☐ I69.811 Memory deficit following other cerebrovascular disease  
☐ I69.814 Frontal lobe and executive function deficit following other cerebrovascular disease  
☐ I69.815 Cognitive social or emotional deficit following other cerebrovascular disease  
☐ I69.311 Memory deficit following cerebral infarction  
☐ I69.314 Frontal lobe and executive function deficit following cerebral infarction  
☐ I69.315 Cognitive social or emotional deficit following cerebral infarction  
☐ I69.810 Attention and concentration deficit following other cerebrovascular disease  
☐ I69.310 Attention and concentration deficit following cerebral infarction

#### Dementias

- ☐ F10.97 Alcohol use, unspecified with alcohol-induced persisting dementia  
☐ G30.0 Alzheimer's disease with early onset  
☐ G30.1 Alzheimer's disease with late onset  
☐ G30.8 Other Alzheimer's disease  
☐ G31.83 Neurocognitive disorder with Lewy bodies  
☐ F02.80 Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety  
☐ F02.A0 Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety  
☐ F01.50 Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety  
☐ F01.A0 Vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

I have evaluated this patient and have identified a cognitive complaint/issue. As part of the management plan, I am referring this patient to BrainHealth for the following services (Place "x" for applicable services).

By sending this referral, I authorize NeuroVision Imaging, Inc. to facilitate this order and reformat as needed, and I authorize a copy of the results to be sent to:

Anitha Rao MD   NPI: 1396989976  
Board-Certified Neurologist, EVP Medical Affairs and Strategy

Signature




### Referring Doctor (REQUIRED)

Provider First Name	Provider Last Name	
NPI	Fax	
Practice Name		
Office Address		
City	State	Zip
Preferred Lab <input type="checkbox"/> LabCorp <input type="checkbox"/> Quest <input type="checkbox"/> Other:		

### Referral for: (REQUIRED)

#### Teleneurology Consult

- ☐ Cognitive Testing and Care Planning (*includes tests below*)
  - MMSE, MOCA, or SLUMS
  - Mental Health Screening (PHQ-9 and GAD-7)
  - Dementia Severity (Lawton/Brody, Barthel, FAST)
  - Epworth Sleepiness Scale
  - BH Neuropsychological Assessment

#### Lab Testing *LabCorp and Quest test codes indicated when available.*

Lab testing applicable to cognitive care for the ICD-10 code(s) in this note. Please select panel or individual labs as medically necessary:

#### ☐ BrainHealth Comprehensive Panel (recommended) All Rule Out Labs + Extended Neuro Panel listed below

#### ☐ Rule Out Labs *All Labs listed below, typically covered by insurance*

- ☐ Glucose, serum (1032, 483)  
☐ Vitamin B12, serum (1503, 927)  
☐ Folate, serum (2014, 466)  
☐ TSH, serum (4259, 899)  
☐ CBC, whole blood (5009, 6399)  
☐ Comprehensive Metabolic Panel, serum (322000, 10231)

#### ☐ pTau-217 (484390, 13825) *if traditional Medicare coverage*

#### ☐ Extended Neuro Panel

*All Extended Neuro Panel listed below (patient pay only)*

- ☐ pTau-217 (484390, 13825)  
☐ NFL (140555, 13979)  
☐ GFAP (484440, N/A)  
☐ HbA1c, whole blood (1453, 496)  
☐ Insulin, serum (4333, 561)  
☐ Uric acid, serum (1057, 905)  
☐ hsCRP, serum (120766, 10124)  
☐ Homocysteine, plasma (706994, 31789)  
☐ Vitamin D, 25-Hydroxy, serum (81950, 17306)  
☐ Lp-PLA2 activity, serum (123283, 94267)  
☐ Apolipoprotein B, serum (167015, 5224)  
☐ Free T4, serum (1974, 866)  
☐ Free T3, serum (10389, 34429)  
☐ Omega-3 and -6 Fatty Acids (OmegaCheckTM: EPA+DPA+DHA), whole blood (823430, 92701)  
☐ Lipid Panel (343925, 19543)

#### Genetic Testing and Lifestyle Coaching *(patient pay only)*

- ☐ APOE genetic test including pre-and post-test education + BrainHealth Lifestyle Coaching  
☐ BrainHealth Lifestyle Coaching (nutrition, exercise, sleep, care partner)