



ROWE NEUROLOGY INSTITUTE  
 CONSULTANTS IN NEUROLOGY, PA  
 8550 Marshall Drive, Suite 100  
 Lenexa, KS 66214-9836  
 (913) 894-1500  
 (800) 753-6992  
 (913) 894-1502 Fax

**Consultants in Neurology, P.A.**  
*Dedicated to the practice  
 of diagnosing and treating  
 neurological disorders*

**Headache Center**

**Sleep Center**  
*Accredited by the American  
 Academy of Sleep Medicine*

**Multiple Sclerosis Center**  
*Proud member of the Consortium  
 of Multiple Sclerosis Centers*

**Memory Loss Center**

**Infusion Center**

**Imaging Center**  
*Accredited by The International  
 Commission for the Accreditation  
 of Magnetic Resonance  
 Laboratories*

Vernon D. Rowe, MD  
*Fellow, AAN, Diplomate, ABSM  
 Neurologist/ Sleep Medicine*

George R. Moreng, MD  
*Neurologist/ Neuroimaging*

Dana M. Winegarner, DO  
*Neurologist/ Headache Medicine*

Kenneth R. VanOwen, MD  
*Neurologist/ Sleep Medicine*

Doug Schell, APRN, MSCN  
*Clinical Nurse Specialist  
 MS Certified Nurse*

Arlene O'Shea, APRN  
*Nurse Practitioner*

Carolyn A. Karr, PhD  
*Neuropsychologist*

Shane Jackson, DPT  
*Director, Physical Therapy*

Amy Nichols, DPT  
*Physical Therapist*

Kelli Wong, DPT  
*Physical Therapist*

John A. Hunter, PsyD  
*Administrator*

Elizabeth Rowe, PhD, MBA  
*Senior Advisor*

Kellie Scarrow, MHA  
*Clinic Manager*

Aaron Seacat, MBA  
*Business Development*

## NEUROLOGY REFERRAL

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Urgent \_\_\_\_\_ Routine \_\_\_\_\_ Please NO Work Comp or MVA

CHIEF PROBLEM: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

WK/Cell Ph: \_\_\_\_\_ HM Ph: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Carrier \_\_\_\_\_

*Please attach the patient's referral and/or provide the referral auth. #*

Group Number \_\_\_\_\_ ID Numbers \_\_\_\_\_

Preferred Location (Please circle)

**Headquarters, Sleep Center and Testing Facility**

8550 Marshall Drive, Suite 100  
 203

Lenexa, KS 66214-9836

**North Clinic Location**

5500 North Oak Trafficway, Suite

Kansas City, MO 64118

**PLEASE COMPLETE AND FAX TO (913) 894-1502 or (866) 624-9924**  
 We will contact the patient to schedule an appointment unless otherwise instructed. Thank you.

Patient Scheduled For \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(T) 913.894.1500 (F) 913.894.1502 (Clinical) (F) 913.647.0295 (Admin) [www.neurokc.com](http://www.neurokc.com)

Imaging Center  
 10 East Cambridge Circle, Suite 115  
 Kansas City, KS 66103

Headquarters  
 8550 Marshall Drive, Suite 100  
 Lenexa, KS 66214

RNI North  
 5500 N. Oak Trafficway, Suite 203  
 Kansas City, MO 64118