



Daniel S. Bandari, M.D.

Multiple Sclerosis Center of California & Research Group

HOAG Neurosciences Institute

Neuro-Immunology & Multiple Sclerosis

Appointment Scheduling: 949-706-5580

Fax all Orders to: 949-706-5585

Date of Referral: _____

Specialty of Referring Physician:

Referring Physician:

Name: _____

Address: _____

Phone: _____

- Neurology Internal Medicine
- Rheumatology Infectious Diseases
- Ophthalmology Family Practice
- Oncology/ Hematology Other: _____

Patients Name: _____ Patients DOB: _____

Reason for Evaluation (Diagnosis - Symptoms) _____

Patients Phone Number: _____

Consultations:

- Multiple Sclerosis Weakness Devic's Disease
- Optic Neuritis Gait Problems Cognitive Issues with MS
- Transverse Myelitis MS Progression Clinical Trial Candidate
- Numbness Spasticity Treatments/ Botulinum Toxins Inj. Others _____

Infusion Suite:

- Intravenous Immune Globulin (IVIG)
DOSE: _____ FREQUENCY: _____
- TYSABRI
- SOLUMEDROL
DOSE: _____ FREQUENCY: _____
- IV Vitamins/Nutritional Therapy FREQUENCY: _____
- OTHER
- NAME: _____ Dose: _____
- FREQUENCY: _____