Center for Pediatric MS and Demyelinating Diseases
Department of Neurology, Pediatric Neurology
660 S. Euclid Avenue, Box 8111 St. Louis, MO 63110
Phone: (314) 454-6120 Fax: (314) 454-2523 or (314) 454-4225

Washington University in St. Louis Physicians

Pediatric MS and Demeyelinating Disease CENTER 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 MS/Demyelinating Disease care of this patient to you.

In order to provide the best care for individuals and families with MS or Demyelinating Disease, 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):

- ☐ Multiple Sclerosis
- ☐ Optic Neuritis
- ☐ Transverse Myelitis
- ☐ Neuromyelitis Optica
- ☐ Autoimmune Encephalitis
- ☐ Leukodystrophies
- ☐ ADEM
- ☐ Other _____

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

- ☐ Patient records: pediatrician records, hospital admissions, and neurology records (if applicable)
- ☐ Brain/spine MRI scans (on disk via above mailing address)
- ☐ Results of CSF and blood laboratory studies

Thank you for your referral to the Pediatric MS Center.

Please fax this completed request back to (314) 454-2523 or (314)-454-4225
Attn: Jo or Rachel
Keep the original for your records.