



6910 Pacific Street, Suite 100
Omaha, NE 68106
PHONE: 402-504-3707
FAX: 402-504-3714

Meridian Mental Health & TMS Center of Omaha
Provider Referral Form

Patient Name: _____

Date of Birth: _____

Cell Phone: _____

Home Phone: _____

Service(s) Referred For (Please circle all that apply):

- | | |
|-------------------------|-------------------------------------|
| Medication Management | TMS (Transcranial Magnetic Therapy) |
| Pre-surgical Assessment | Spravato (Esketamine) Treatments |
| Pharmacogenetic Testing | |

Provider Referred To (Please circle):

- | | |
|------------------------------------|-----------------------|
| Dr. Mary Jo Hanigan, MN, MD, PC | Bob Lundholm, APRN-NP |
| Dr. Natalie Baker | Sara Mason, PA-C |
| Patient Preference/First Available | |

Additional Notes:

**Please include recent clinic notes, medical records, initial evaluation, and insurance information. **

Referring Physician Name: _____

Referring Physician Signature: _____

Clinic Location Name: _____

Office Phone Number: _____