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hfsc

Hospital for  
Special Care

## Neuromuscular Center Hebron Campus

ACCEPTING NEW PATIENTS!



21 Liberty Drive, Suite A, Hebron, CT 06248



### REFER TODAY!

- Efficient scheduling with prompt turnaround
- EMG testing in a convenient location

Now accepting referrals at our new Hebron Neuromuscular Center — offering expert neuromuscular care and advanced electrodiagnostic services, including EMG testing and comprehensive evaluations with **Dr. Annie Daniel**

Coming this November: Even more access to expert neuromuscular care with the addition of **Dr. Lucas Benchaya**

### Director of Physician Practices

Alyssa Peckham

[APeckham@hfsc.org](mailto:APeckham@hfsc.org)

860-612-6320

Refer to us:

[www.hfsc.org](http://www.hfsc.org)

Phone: 860-827-4814

Fax: 860-612-6304

## Outpatient Services – New Britain

**The Neuromuscular Center** at HFSC is a certified Center of Excellence by the Muscular Dystrophy Association (MDA), Amyotrophic Lateral Sclerosis Association (ALSA), ALS United CT, Charcot-Marie-Tooth Association, and Hereditary Neuopathy Foundation. The Center's EMG lab is accredited with exemplary status by the American Association of Neuromuscular and Electrodiagnostic Medicine.

### Parkinson's & Movement Disorders

Parkinson's Disease, Tics and Tourette syndrome, Dystonia, Huntington's Disease, Deep Brain stimulation, Botulinum Toxin injections

### Neuromuscular Center

ALS, Peripheral Neuropathy, Myasthenia Gravis, Myopathy, Muscular Dystrophy, EMG & Peripheral Nerve Evaluation

### Brain & Cognitive Health

Brain injury, concussion, dementia, Alzheimer's, memory loss, cognitive rehab

### Assistive & Adaptive Programs

Adaptive sports, orthotics, therapeutic recreation

### Therapy & Rehab

Physical, occupational, speech, aquatic, complex rehab, Driving rehab

### Multi-Specialty Care

Physiatry and Pulmonology Care, Prosthetic Clinic, wound care

### Cardiac & Pulmonary

LVAD support, cardiac rehab, ventilator care, COPD management

### Autism & Communication

Autism, AAC, aphasia, pediatric speech, SPEAK OUT!® program





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## Neuromuscular Center Referral Form

DATE: \_\_\_\_\_

Referring Physician Name

NPI #

Phone / Fax #

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Insurance Information

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

### Type of Referral Requested

☐ Neuromuscular Clinic

☐ EMG

Reason for Referral:


Referred by: \_\_\_\_\_

MD Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## THE NEUROMUSCULAR CENTER

2150 Corbin Avenue  
New Britain, CT 06053

21 Liberty Drive, Suite A  
Hebron, CT 06248

Phone: 860-612-6305 / Fax: 860-392-6450

[www.hfsc.org](http://www.hfsc.org)

