

### TMS PRESCRIPTION

William F. Stubbeman, MD  
11500 W. Olympic Blvd. Ste. 441  
Los Angeles, CA 90064  
www.drstubbeman.com

**Reason for Referral:**

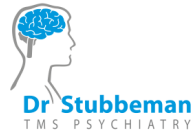
- TMS Evaluation
- TDCS Evaluation
- Medication Referral

**Diagnosis:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*TO SCHEDULE AN APPOINTMENT, PLEASE CALL (424) 248-3134 OR EMAIL OFFICE@DRSTUBBEMAN.COM*



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