

Huntsville: (256) 265-5864 Madison: (256) 817-5977 Decatur: (256) 973-6790

Fax Referral Form

Please fax pertinent office notes, imaging, insurance referral and this form to (256) 265-5865.

Please select which provider and location you would like to refer to:

Provider				Location		
	monary First Available Luther Corley, MD Muhammad Shafi, MD Diwas Shahi, MD Jason Smith, MD		ep First Available Robert Buss, MD Marijo-Anne Lopez Molina, MD Mark Tafazoli, MD Reiga Evans, PA-C Carol Bullock, CRNP Jennifer Tootle, CRNP Todd Pridmore, CRNP			Huntsville Office 420 Lowell Dr. SE, Ste. 500 Huntsville, AL 35801 Madison Office 8371 Highway 72 W, Ste. 204 Madison, AL 35758 Decatur Office 1874 Beltline Road SW, Ste. 100 Decatur, AL 35601
	ferral Details					
Referring Provider				Office Contact		
Phone			. Fax			
Dia	gnosis and ICD Codes					
Pa	tient Information					
Full	Legal Name					
Gender DOB			SSN			
Par	rent/Guardian Name					
Ado	dress					
Best Phone #				Alternate Phone #		
Emergency Contact				Relationship		
Emergency Phone #						
Primary Language, other than English				Is an interpreter needed?		
Email				-		
Pri	mary Insurance to File					
Ins	urance Company Name _					
Policy #				Group #		
Insured's Name				Relationship to Patient		
Insured's Social Security # or I.D. #				Insured's Date of Birth		
Se	condary Insurance to Fi	le				
Insi	urance Company Name _					
Policy #						
Insured's Name						
Insured's Social Security # or I.D. #						
						ata if referral information is incomplete

Once we have all the pertinent information, an appointment will be scheduled. Please note if referral information is incomplete it will result in a delay of scheduling as all information must be received before an appointment will be scheduled. We will contact your office and the patient with their appointment. Please call our office at **(256) 265-5864** with any questions or concerns.