



**Referral Form**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Patient daytime Phone Number: \_\_\_\_\_

Insurance Policy \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Referring MD/PA/NP: \_\_\_\_\_ NPI: \_\_\_\_\_

State/License # \_\_\_\_\_

Office Contact Person: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

**Reason for Visit**

New Patient Evaluate and Treatment  Return Patient Evaluate and Treatment

Patient Primary Complaint: \_\_\_\_\_

Please Fax to (205) 345-2039  
Questions? Call 205-345-2009

**For New Patients, please attach:**

- Demographic and Insurance Information
- Physician referral and office note
- Imaging – Xray and/or MRI (if available)

Thank you for this referral. We will contact the patient to schedule the appointment. Once the appointment is scheduled, we will fax this form back to you with the appointment details below:

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

\_\_\_\_\_ We were unable to reach the patient to schedule the appointment.

Our office is located at: 2302 McFarland Blvd E, Tuscaloosa, AL 35404 (In the shopping center by Jason's Deli)