

REFERRAL OR APPOINTMENT REQUEST

Office: 205-930-0920 Fax: 205-445-0115

Urgent Non-Urgent

Please include all records, imaging and lab reports pertaining to referral.

Patient Name: _____ DOB: _____

Patient Phone Number: _____

Patient Address: _____

Insurance & Contract Number: _____

Is an Insurance Referral Required (circle one): Yes No (If yes, please provide a copy of insurance referral.)

Diagnosis: _____

Preferred Provider

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> First Available | <input type="checkbox"/> Jared Cox, M.D. | <input type="checkbox"/> Austin Lutz, M.D. | <input type="checkbox"/> Matthew Purcell, M.D. |
| <input type="checkbox"/> Michael Bivins, M.D. | <input type="checkbox"/> Mark DeGuenther, M.D. | <input type="checkbox"/> Patrick Mills, M.D. | <input type="checkbox"/> Paula Rookis, M.D. |
| <input type="checkbox"/> Taylor Bragg, M.D. | <input type="checkbox"/> Mell Duggan, M.D. | <input type="checkbox"/> Nicole Massie, M.D. | <input type="checkbox"/> Andrew Strang, M.D. |
| <input type="checkbox"/> Eric Brewer, M.D. | <input type="checkbox"/> Lee Hammontree, M.D. | <input type="checkbox"/> Jason Moellinger, M.D. | <input type="checkbox"/> Scott Tully, M.D. |
| <input type="checkbox"/> Charles Bugg, M.D. | <input type="checkbox"/> Leon Hamrick, M.D. | <input type="checkbox"/> Alison Parden, M.D. | <input type="checkbox"/> Brian Wade, M.D. |
| <input type="checkbox"/> Jason Burrus, M.D. | <input type="checkbox"/> Thomas Holley, M.D. | <input type="checkbox"/> Bryant Poole, M.D. | <input type="checkbox"/> John Wilbanks, M.D. |
| <input type="checkbox"/> Brian Christine, M.D. | <input type="checkbox"/> Rupa Kitchens, M.D. | <input type="checkbox"/> Tyler Poston, M.D. | <input type="checkbox"/> Eric Westerlund, F.N.P. |

Preferred Location

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> First Available | <input type="checkbox"/> Grandview | <input type="checkbox"/> Princeton | <input type="checkbox"/> Medical West |
| <input type="checkbox"/> Alabaster | <input type="checkbox"/> Homewood | <input type="checkbox"/> St. Vincent's Birmingham | <input type="checkbox"/> Winfield |
| <input type="checkbox"/> Fultondale | <input type="checkbox"/> Hoover/Princeton | <input type="checkbox"/> St. Vincent's East | <input type="checkbox"/> UCA Women's Center |
| <input type="checkbox"/> Gardendale | <input type="checkbox"/> Prattville | <input type="checkbox"/> Sylacauga | |

Referring Provider: _____ Office Name: _____

Office Phone Number: _____ Office Fax Number: _____

- Urgent referrals will be processed within one business day & non-urgent referrals will be processed within 72 business hours
- A fax correspondence will be sent to your office upon completion of referral

For your convenience, our referral form is now available online at www.urologycentersalabama.com/referrals.html

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