

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 Location

First Available

Alabaster

- Jason Burrus, M.D.
- Patrick Mills, M.D.
- John Wilbanks, M.D.

Cullman

- Nicholas Braswell, M.D.
- Rodney Sanders, M.D.
- Zachary Glaser, M.D.

Fultondale

- Lee Hammontree, M.D.

Gardendale

- Thomas Holley, M.D.

Grandview

- Eric Brewer, M.D.
- David Qi, M.D.
- Andrew Strang, M.D.

Homewood

- Michael Bivins, M.D.
- Charles Bugg, M.D.
- Brian Christine, M.D.
- Jared Cox, M.D.
- Mell Duggan, M.D.
- Lee Hammontree, M.D.
- Leon Hamrick, M.D.
- Thomas Holley, M.D.
- Rupa Kitchens, M.D.
- Austin Lutz, M.D.
- Jason Moellinger, M.D.
- Bryant Poole, M.D.
- Tyler Poston, M.D.
- Matthew Purcell, M.D.
- David Qi, M.D.
- Andrew Strang, M.D.
- Scott Tully, M.D.
- Brian Wade, M.D.
- John Wilbanks, M.D.

Moulton

- Rodney Sanders, M.D.

Princeton

- Michael Bivins, M.D.
- Matthew Purcell, M.D.

St. Vincent's Birmingham

- Leon Hamrick, M.D.
- Jason Moellinger, M.D.

St. Vincent's Blount

- Nicholas Braswell, M.D.
- Rodney Sanders, M.D.

Sylacauga

- Andrew Strang, M.D.

Trussville

- Jared Cox, M.D.
- Tyler Poston, M.D.
- Brian Wade, M.D.

Medical West

- Michael Bivins, M.D.
- Mell Duggan, M.D.
- Rupa Kitchens, M.D.

Winfield

- Mell Duggan, M.D.
- Bryant Poole, M.D.

UCA Men's Health Center

- Brian Christine, M.D.
- Lee Hammontree, M.D.
- Bryant Poole, M.D.
- David Qi, M.D.
- Eric Westerlund, CRNP

UCA Women's Center

- Nicole Massie, M.D.
- Alison Parden, M.D.
- Paula Rookis, M.D.

Does the referring provider or patient have a preferred hospital affiliation? If so, please circle:

Brookwood Cullman Regional Medical Ctr Grandview Princeton Shelby Baptist

St. Vincent's Birmingham St. Vincent's Blount St. Vincent's East Medical West

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 24-48 business hours.
- A fax correspondence will be sent to your office upon completion of referral.

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