

Endocrinology & Diabetes Clinic

201 Sivley Road, Suite 440 Huntsville, AL. 35801

FAX REFERRAL FORM FOR ANKUR JINDAL, M.D.

Fax completed form to (256) 265-0781

All Fields must be completed

Consult requested by:	Clinic Contact:
Phone:	Fax:

Reason for consult: _____

Patient Information

Full name: _____

Date of Birth: _____

SS #: _____

Address: _____

City: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Primary Insurance:	Group:
Subscriber name:	
Subscriber DOB:	Policy:
Subscriber SS#:	
Secondary Insurance:	Group:
Subscriber name:	
Subscriber DOB:	Policy:
Subscriber SS#:	

*Along with referral form, please fax patient's history and physical, current labs, physicians progress note, current medication list and a copy of the insurance card.

*If the patient has Medicaid, Healthsprings or Tricare, a valid insurance referral must be included in order to schedule an appointment.

*We will send faxed confirmation with appointment within 24-48 hours of receiving fax.

*Patient should arrive 30 minutes prior to appointment time in order to complete the registration process.

Appointment date and time: _____