



Blackwell Medical Tower, Suite 600 • 201 Sivley Road, Huntsville, AL 35801 • (256) 265-2695

## FAX REFERRAL FORM

Fax completed form to (256) 265-6386

\*All fields must be completed\*

Referring Physician:	Clinic contact:
Phone:	Fax:

Preferred provider

Dr. Anjaneyulu Alapati

Appointment type

Consultation

EMG/Nerve Conduction Study

Reason for referral: \_\_\_\_\_

Patient Information

Worker's Comp

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: \_\_\_\_\_