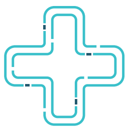

CULLMAN REGIONAL | Medical Group

Metabolic & Surgical Clinic
Venkat Kanthimathinathan, MD
1948 Alabama Highway 157, POB 1, Suite 230
Cullman, AL 35058
(256) 735-5975 **FAX: (256) 417-4100**

BARIATRIC & GENERAL SURGERY REFERRAL FORM

Patient Name: ______________________________

DOB: ______________ Phone #: ______________ Cell #: ______________

Height: ______________ Weight: ______________ BMI: ______________

Address: ______________________________

____

Insurance Carrier: ______________________________

Policy #: ______________________________

Physician Preference: ______________________________

Referral authorization # if required ______________________

Please include clinical documentation such as imaging, lab work, clinic notes, if available.

COMPLETED TESTS (CIRCLE ONE)

Blood test	X-ray	Ultrasound	CT
MRI	Other		

SERVICE (CIRCLE ONE)

Bariatric Surgery	General Surgery	EGD	Colonoscopy

PATIENT IS BEING REFERRED FOR: (CIRCLE ONE)

Weight Loss	Excision	Stomach Surgery	Adrenalectomy	Screening Colonoscopy
Gallbladder Disease	Skin Conditions	Small Bowel Resection	Distal Pancreatectomy	EGD
Hernia Repair	Abscess	Colon Resection	Splenectomy	PEG Tube Placement
Acid Reflux Disorder	Port Placement	Rectum Resection	Emergency Surgery	Balloon Dilation

Other: ______________________________

ORDERING PROVIDER

Physician: ______________________________

Phone #: ______________________ Fax #: ______________________

Physician Signature: ______________________________

Appointment Date/Time: ______________________ Patient notified on: ______________________

Physician offices will be notified when appointments are scheduled and notification is confirmed for all diagnostic procedures

Phone (256) 735-5975 **Fax (256) 417-4100**