CULLMAN REGIONAL | Hartselle Health Park

Physician Specialty Clinic
1635 US-31, Suite C
Hartselle, AL 35640
Phone: (256) 735-5900
Fax: (256) 417-4719

PHYSICIAN SPECIALTY CLINIC REFERRAL FORM

Please select a specialty: ☐ Cardiology ☐ General Surgery ☐ Orthopedics/Sports Medicine ☐ Pulmonology ☐ Wound Assessment ☐ Rheumatology

Physician preference: _____ ☐ or next available appointment

Patient's Name: _____

DOB: _____ Phone #: _____ Cell #: _____

Address: _____

Insurance Carrier: _____

Policy #: _____

1. Please describe the patient's chief complaint and *include onset and frequency:*

_____

_____

2. What is the key question you would like us to answer?

_____

_____

_____

To expedite appointment scheduling, please provide the following by fax: (256) 417-4719

☐ This completed form ☐ Most recent office note

☐ Medical Records related to chief complaint

☐ Lab & test results within the last year

☐ Prior Authorization, or if not applicable, a copy of insurance card

Referring Provider: _____

Provider Address/Location: _____

Phone #: _____ Fax #: _____

Provider Signature: _____ **Date:** _____

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) 735-5900 **Fax (256) 417-4719**

If this is emergent, please contact our office directly.