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 ☐ Gynecology ☐ Orthopedics ☐ Pulmonology

Patient's Name: ______________________________

DOB: ______________ Phone #: ______________ Cell #: ______________

Address: ______________________________

Insurance Carrier: ______________________________

Policy #: ______________________________

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

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

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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.