CULLMAN REGIONAL

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's 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