



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:

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

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If this is emergent, please contact our office directly.