

NORTH ALABAMA UROLOGY, P.C.

PHYSICIAN REFERRAL FORM

Phone: 256-536-9020 FAX: 256-536-9053

HUNTSVILLE LOCATION: 825 ADAMS STREET, SE, HUNTSVILLE, AL 35801

MADISON LOCATION: 460 LANIER ROAD, SUITE 204, MADISON, AL 35758

LOCATION/PHYSICIAN

Huntsville (main location) First Available Appointment or Select Provider Below
 Black Hicks Pettus Zbell

Madison First Available Appointment or Select Provider Below
 Black Hicks Pettus Zbell

Patient Name: _____ Sex: M/F Today's Date: _____

Patient DOB: _____ Patient SSN #: _____

Patient Address: _____

Patient Primary Phone #: _____ Alternate Phone #: _____

Patient Email Address: _____

Reason for Referral: _____

**Please attached all insurance cards for patient - if patient is not insured - the insured Date of Birth is required

***Insurance plans that require a referral - The referral must be attached to this form for an appointment.

Primary Insurance: _____ Insured Date of Birth: _____

Secondary Insurance: _____ Insured Date of Birth: _____

Referring Physician Name: _____ NPI: _____

Referring Physician Address: _____

Referring Physician Phone Number; _____ Fax: _____

PCP if PCP is not Referring Physician: _____

****PLEASE FAX REFERRAL FORM, INSURANCE CARDS AND PATIENT'S
MEDICAL RECORDS – IMAGING, LABS, NOTES, ETC TO 256-536-9053**