

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: 9238 MADISON BLVD. STE: 114, MADISON, AL 35758

LOCATION/PHYSICIAN

Huntsville (main location)

First Available Appointment or Select Provider Below

Black  Britt  Hicks  Pettus  Zbell

Madison

First Available Appointment or Select Provider Below

Black  Britt  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**