

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

Madison ☐ First Available Appointment or Select Provider Below  
☐ Black ☐ Britt ☐ Hicks ☐ Pettus

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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\*\*\***

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