



Patient being referred by: _____

Patient being referred for: _____

Patient name: _____ DOB: _____

Patient phone number: _____

Insurance provider: _____

WORKERS COMP ONLY

Billing address: _____

Adjuster's name: _____

Phone: _____

Case manager's name: _____

Phone: _____

Please provide fax number to return completed referral form.

OFFICE USE ONLY

Appointment scheduled for: _____

Confirmation of appointment faxed to: _____

Date: _____

Fax all pertinent clinical information, including demographics, back to the appropriate fax number listed above.

BIRMINGHAM

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205.397.5200 main
877.903.6325 spine
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- Robert E. Agee, MD
- Scott V. Appell, MD
- Stephen P. Cowley, MD
- Jose J. Echenique, MD
- J. Stanford Faulkner, Jr., MD
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- Anthony L. Tropeano, MD