CCI CLEARVIEW CANCER INSTITUTE

Phone: (888) 374-1015 • Fax: (833) 705-4101

We will contact your office with appointment information. Please include a copy of the patient's demographics page along with the referral form.

❑ **Anniston**
901 Leighton Ave., Ste. 602
- ○ Robert M. Conry, M.D.
- ○ Karl Hagler, M.D.
- ○ Ellen Spremulli, M.D.
- ○ First Available

❑ **Athens**
707 West Market St.
- ○ Brian Mathews, M.D.
- ○ Heather Shah, M.D.
- ○ First Available

❑ **Crestwood**
One Hospital Drive,
Ste. 400
- ○ Paul Dang, M.D.
- ○ Jorge Diaz, M.D.
- ○ Ben Miriovsky, M.D.
- ○ First Available

❑ **Cullman**
1948 AL Hwy 157,
Bldg 1, Ste. 380
- ○ Michael Garcia, M.D.
- ○ Amy Stubbs, M.D.
- ○ First Available

❑ **Decatur**
1107 14th Ave SE,
Ste. 200
- ○ Sammy Becdach, M.D.
- ○ Heather Shah, M.D.
- ○ First Available

❑ **Huntsville (Main)**
3601 CCI Dr.
- ○ Diego Bedoya, M.D.
- ○ Paul Dang, M.D.
- ○ Jorge Diaz, M.D.
- ○ Ehab El-Bahesh, M.D.
- ○ Kanth Katragadda, M.D.
- ○ Brian Mathews, M.D.
- ○ Philip McGee, M.D.
- ○ Benjamin Miriovsky, M.D.
- ○ John R. Nicholson, M.D.
- ○ Daniel Schreeder, M.D.
- ○ Marshall Schreeder, M.D.
- ○ John Waples, M.D.
- ○ First Available

❑ **Jasper**
3500 Hwy 78 East
- ○ Michael Garcia, M.D.
- ○ Amy Stubbs, M.D.
- ○ First Available

❑ **Madison**
12090 County Line Rd.,
Ste. B
- ○ Ehab El-Bahesh, M.D.

❑ **Scottsboro**
911 South Broad St.
- ○ Paul Dang, M.D.
- ○ First Available

❑ **Shoals**
180 Cox Creek Pkwy., Ste. B
- ○ Heather Brody, M.D.
- ○ Daniel Kingsley, M.D.
- ○ First Available

Referring Physician's Full Name: _____

NPI #: _____ **Office #:** _____ **Office Fax #:** _____

Referral Date: _____ / _____ / _____

Patient Full Name: (First) _____ (Middle) _____ (Last) _____

DOB: _____ / _____ / _____ Age: _____ Male / Female SSN: _____ - _____ - _____

Patient Address: _____

City/State: _____ Zip Code: _____

Primary Contact #: (_____)_____ Alternate Contact #: (_____)_____

Reason for Referral/Diagnosis: _____

Primary Insurance: _____ Contract #: _____ Group #: _____

Secondary Insurance: _____ Contract #: _____ Group #: _____

To be completed by CCI:

APPT DATE: _____ / _____ / _____ APPT TIME: _____ AM/PM