

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
 Diego Bedoya, M.D.
 Jorge Diaz, M.D.
 Heather Shah, M.D.
 First Available

Decatur

1310 14th Ave., SE
 Naveen Lobo, M.D.

Huntsville (Russel Hill)

3601 CCI Dr.
 Diego Bedoya, M.D. Brian Mathews, M.D.
 Paul Dang, M.D. Philip McGee, M.D.
 Jorge Diaz, M.D. Benjamin Miriovsky, M.D.
 Ehab El-Bahesh, M.D. John R. Nicholson, M.D.
 Kanth Katragadda, 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.

Madison

12090 County Line Rd.,
 Ste. B
 Ehab El-Bahesh, M.D.

Scottsboro

380 Woods Cove Road
 Paul Dang, M.D.
 John R. Nicholson, M.D.

Shoals

180 Cox Creek Pkwy.,
 Ste. B
 Brett Barlow, M.D.
 Heather Brody, M.D.
 Daniel Kingsley, M.D.
 First Available

Shoals

1751 Veterans Drive
 Brett Barlow, M.D.
 Heather Brody, M.D.
 Daniel Kingsley, M.D.
 First Available

Shoals

101 Dr. W.H. Blake Jr Drive
 Muscle Shoals, AL
 James Daugherty M.D.

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 #: (_____) _____

Email: _____

Reason for Referral/Diagnosis: _____

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

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

To be completed by CCI:

APPT DATE: ____ / ____ / ____

APPT TIME: _____ AM/PM