



888-374-1015 | NEW PATIENT REFERRAL FAX: 833-705-4101

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

ANNISTON
901 Leighton AVE #602

- Rami Atallah, MD
- Robert M. Conry, MD
- First Available
- Genetic Counseling

ATHENS
707 West Market ST

- Brian Mathews, MD
- Heather Shah, MD
- First Available
- Genetic Counseling

CULLMAN
1948 AL HWY 157,
POB 1 STE 380

- Michael Garcia, MD
- Amy Stubbs, MD
- First Available
- Genetic Counseling

DECATUR
1107 14th AVE SE, STE 200
1310 14th AVE SE

- Diego Bedoya, MD
- Naveen Lobo, MD
- Rishi Patel, MD
- Heather Shah, MD
- First Available
- Genetic Counseling

HUNTSVILLE (CRESTWOOD)
One Hospital DR,
STE 400

- Paul Dang, MD
- Jorge Diaz, MD
- Benjamin Mirlovsky, MD
- First Available
- Genetic Counseling

HUNTSVILLE (RUSSEL HILL)
3601 CCI DR

- Sri Bathini, MD
- Diego Bedoya, MD
- Paul Dang, MD
- Jorge Diaz, MD
- Ehab El-Bahesh, MD

- Kanth Katragadda, MD
- Brian Mathews, MD
- Phillip McGee, MD
- Benjamin Mirlovsky, MD
- John R Nicholson, MD

- Daniel Schreeder, MD
- Marshall Schreeder, MD
- Wes Smith, DO
- John Waples, MD
- First Available
- Genetic Counseling

JASPER
3500 HWY 78 E,
STE A

- Michael Garcia, MD
- Amy Stubbs, MD
- First Available
- Genetic Counseling

MADISON
12090 County Line RD,
STE B

- Ehab El-Bahesh, MD
- Genetic Counseling

SCOTTSBORO
380 Woods Cove RD

- Paul Dang, MD
- John R. Nicholson, MD
- Genetic Counseling

FLORENCE
180 Cox Creek PKWY

- Brett Barlow, MD
- Heather Brody, MD
- Daniel Kingsley, MD
- First Available
- Genetic Counseling

MUSCLE SHOALS
101 Blake DR

- Brett Barlow, MD
- Heather Brody, MD
- Daniel Kingsley, MD
- First Available
- Genetic Counseling

Referral Date: ____ / ____ / ____

Referring Physician's Full Name: _____

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

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

DOB: ____ / ____ / ____ Age: _____ MALE FEMALE SSN: _____

Patient Address: _____

City/State: _____ Zip Code: _____

Is Language Assistance Required? YES NO Primary Language: _____

Primary Contact#: _____ Alternate Contact#: _____

Email: _____

Reason for Referral/Diagnosis: _____

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

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

To be completed by CCI - APPT Date: ____ / ____ / ____

APPT Time: _____ AM PM