



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**

- ☐ John Dasher, 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 Miriovsky, MD
- ☐ First Available
- ☐ Genetic Counseling

**(RUSSEL HILL)**

**3601 CCI DR NW**

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

- ☐ Kanth Katragadda, MD
- ☐ Brian Mathews, MD
- ☐ Philip McGee, MD
- ☐ Benjamin Miriovsky, 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