



Please Select One:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hoyt A. "Tres" Childs, MD | <input type="checkbox"/> Elizabeth T. Falkenberg, MD | <input type="checkbox"/> Harry J. "Jim" McCarty, MD |
| <input type="checkbox"/> Curtis A. Clark, MD, PhD | <input type="checkbox"/> John F. "Jack" Gleason, MD | <input type="checkbox"/> Richard Pearlman, MD |
| <input type="checkbox"/> Ashlyn Everett, MD | <input type="checkbox"/> Whitney Hotsinpillar, MD | <input type="checkbox"/> First Available |

Records Needed

(In order to best assist your patient, please fax the applicable items when you send the referral form. If there are multiple pathologies and operations notes, please send all note records.)

- Pathology
 All Notes Pertaining to Diagnosis
 All Imaging
 Operation Notes
 Out of State Release
 Consult Note

New Patient Referral Form

Patient Information

Today's Date mm | dd | yy

First Name		MI	Last Name	
Sex	Social Security #		DOB	
			mm	dd
Mailing Address				
City		State	Zip	
Primary Phone #				
Primary Language / Interpreter Needed				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Insurance (Please fill out completely and fax front and back of cards)

Primary Insurance	Policy #	Group #
Secondary Insurance	Policy #	Group #

Referring Physician Information (Diagnosis / Reason for Radiation Oncology Consult)

Clinical Indications/Signs/Symptoms		
Referring Physician Name		Scheduler Name
Scheduler Ext #	Office Phone #	Office Fax #

Locations

Huntsville

- 3601 CCI Drive, Suite 10
Huntsville, AL 35805
- One Hospital Drive, Suite 100
Huntsville, AL 35801

Decatur

- 1312 7th Street SE
Decatur, AL 35601

Florence

- 180 Cox Creek Parkway, Suite A
Florence, AL 35630

256.327.5845 HUNTSVILLE FAX
256.284.7126 DECATUR/FLORENCE FAX
 888.374.1015 CCI PHONE NUMBER

Referral form along with records can be faxed.
 Once all attachments have been received
 our team will fax the scheduled appointment confirmation.