

PLEASE DIRECT PATIENTS TO OUR WEBSITE TO FILL OUT PAPERWORK. IF THEY ARE UNABLE TO ACCESS, TELL THEM TO COME 10 MINUTES EARLY TO FILL OUT IN THE OFFICE.

www.alabamaidc.com

ALABAMA INFECTIOUS DISEASE CENTER, P.C.
420 LOWELL DRIVE, SUITE 301
HUNTSVILLE, AL 35801
PHONE: 256-265-7955 FAX: 256-265-7954 OR 256-265-4017

PHYSICIAN REFERRAL FORM

DATE: _____ SPOKE WITH: _____

REFERRING PHYSICIAN: _____ NPI: _____

PHYSICIAN PHONE #: _____ FAX #: _____

DIRECT MESSAGING EMAIL: _____

PATIENTS NAME: _____ (M / F)

DOB: _____ SSN: _____ ADULT: _____ CHILD _____

PATIENTS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PATIENTS PHONE #: _____ CELL PHONE: _____

PRIMARY INSURANCE: _____ POLICY #: _____

GROUP #: _____ REFERRAL REQUIRED: _____

SUBSCRIBER NAME: _____ SUBSCRIBER DOB: _____

SECONDARY INSURANCE: _____ POLICY #: _____

GROUP #: _____ REFERRAL REQUIRED: _____

SUBSCRIBER NAME: _____ SUBSCRIBER DOB: _____

REASON FOR CONSULT: _____

HASSOUN _____ SIDDIQUI _____

DATE OF APPOINTMENT: _____ TIME: _____ SCHEDULED BY: _____

DOCTORS REQUESTING CONSULT (SIGNATURE): _____

PLEASE FAX ALL PERTINENT MEDICAL RECORDS AND DEMOGRAPHIC INFORMATION. THANK YOU FOR THE CONSULT.

ELECTRONIC FAX (256-265-7954) OR MANUAL FAX (256-265-4017)