

Endocrinology Referral for Consultation

Date: _____

2000 6th Avenue South - TKC 4th Floor Birmingham, Alabama 35233

☐ Urgent

☐ Non-Urgent

Tel: 205-996-3636 | Fax: 205-801-8588

Patient Name: _____ DOB: _____

Address: _____

City, State, ZIP: _____

Patient's Email Address: _____

Primary Phone #: _____ Alternate Phone #: _____

Emergency Contact/Phone #: _____

Insurance Company: _____ Name of Insured: _____

Policy #: _____ Group #: _____ Pre-Certification/Referral #: _____

*Insurances not accepted: United Healthcare Alonex, BCBS High Performance Network

Referring Physician: _____ Office Contact: _____

Office Phone #: _____ Fax #: _____

Diagnosis prompting consultation: _____

Will your patient require special assistance during their visit? (please specify, i.e. interpreter, wheelchair, financial, social work, etc.):

☐ Requested Priority: _____ ☐ Requested MD: _____

Preferred Location: ☐ The Kirklin Clinic of UAB Hospital ☐ UAB Medicine Hoover ☐ UAB Medicine Leeds
☐ UAB Medicine Gardendale ☐ UAB Medicine Lee Branch ☐ UAB Medical West
☐ First Available

Pertinent medical records such as labs, last clinic note, operative notes, imaging studies (CT/US/PET), genetic testing results, and copy of insurance card must be included with this referral form. **Please have the patient bring copies of imaging studies on CD to the appointment.** Thank you.

Basma Abdulhadi, M.D.

Jayasree Jonnadula, M.D.

Anish Patel, M.D.

Amy Warriner, M.D.

Carlos Arguello, M.D.

Palak Kachhadia, M.D.

Sajal Patel, M.D.

Anne Weaver, M.D.

Ananda Basu, M.D.

Iram Moledina, M.D.

Richard Rosenthal, M.D.

Alexandra Dodd, M.D.

Fernando Ovalle, M.D.

Brooks Vaughan, M.D.