Tuscaloosa GYNECOLOGY

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Referral Form

Please fax referral form, medical records, and patient demographics to 205-255-3775. If you would like to schedule an appointment for your patient, please call 205-255-3784.

Patient Name:_____ DOB:_____
Home Phone:_____ Cell Phone:_____
Insurance:_____

Referring Provider:_____ Practice Name:_____
Address:_____
Phone:_____ Fax:_____

Gyn/Women's Health

- ❑ GYN Diagnosis
- ❑ Annual Exams
- ❑ Birth Control
- ❑ Evaluate/Treat:_____
- ❑ Abnormal Bleeding
- ❑ Menopause Symptoms
- ❑ STD Testing
- ❑ Other:_____

We gladly accept most insurance plans.

We greatly appreciate your referral!