

120 Cahaba Valley Parkway Suite 100
Pelham, AL 35214



Phone: (205) 621-3778
Fax: (205) 621-4835

Referral Form

Thank you for choosing Alabama Bone and Joint Clinic for your patient referral.
Please fax completed form, copy of insurance authorization (if required), and pertinent medical records
(including lab work/ test results) to:
(205) 621-4835

Today's Date: _____

Patient Information

Patient Name: _____ DOB: _____ SS# _____

Address: _____

Phone: _____ Mobile Home Work

Primary Insurance: _____ Policy #: _____

Insurance Authorization # (if required): _____

Referral Information

Referring to:

- Daryl Dykes, M.D. Lloyd Johnson III, M.D. Michael Gerhardt, M.D. S. Evan Carstensen, M.D.
 Loy Vaughan, M.D. Winston Capel, M.D. Andrew Woodall, PA-C First available provider

Reason for referral: _____

Referring Physician: _____

Referring Physician Office Phone: _____

Referring Physician Office Fax: _____

Appointment time preferred: AM PM First available

Appointment Confirmation

***For ALBJC Office Use (This form and the information below will be faxed back to your office for your convenience):**

Scheduled Appointment Date: _____

Scheduled Appointment Time: _____