CHART # _____

SportsMED
*Complete Orthopedic Care*

# APPOINTMENT REQUEST FORM

PLEASE COMPLETE THIS FORM IN FULL AND FAX TO *256.704.0878* OR EMAIL TO *referrals@sportsmedlink.com*. WE WILL CONTACT YOUR PATIENT, SCHEDULE THE APPOINTMENT, AND RETURN THE FORM WITH APPOINTMENT DATE AND TIME.

REFERRING PHYSICIAN _____ NPI _____

PHONE _____ FAX _____

CONTACT _____

ADDRESS _____

## PREFERRED PHYSICIAN OR FIRST AVAILABLE (CHOOSE ONE)

☐ FIRST AVAILABLE ☐ WORKERS' COMP *(please check box if this is a work comp. patient.)*

### ORTHOPEDIC SURGERY

- ☐ H. COBB ALEXANDER, M.D.
- ☐ MATTHEW D. CLAYTON, M.D.
- ☐ BRETT FRANKLIN, M.D.
- ☐ BEATRIZ E. GARCIA-CARDONA, M.D.
- ☐ ERIC W. JANSSEN, M.D.
- ☐ TROY A. LAYTON, M.D.
- ☐ JONATHAN LUDWIG, M.D.
- ☐ MATTHEW MCDONALD, M.D.
- ☐ JACK W. MOORE, M.D.
- ☐ MATTHEW T. OWEN, M.D.
- ☐ JIMMY RALEY, M.D.
- ☐ THOMAS RICKS IV, M.D.
- ☐ WILLIAM M. SYKES, D.O.
- ☐ JOHN H. WALKER, M.D.
- ☐ JONATHAN YU, M.D.

### PHYSIATRY

- ☐ RYAN AARON, M.D.
- ☐ KRISTINA JANSSEN-DONOVAN, D.O.
- ☐ EDWARD FERENCE, M.D.

### PODIATRY

- ☐ ANGELA L. HAMPTON, D.P.M.
- ☐ MILTON W. STERLING II, D.P.M.

### SPINE SURGERY

- ☐ CURT FREUDENBERGER, M.D.
- ☐ JAVIER A. RETO, M.D.
- ☐ JOHN D. JOHNSON, M.D.

### NEUROSURGERY

- ☐ SANAT DIXIT, M.D.

### PAIN MEDICINE

- ☐ VICTOR CHIN, M.D.

## PREFERRED LOCATION ☐ HUNTSVILLE ☐ MADISON ☐ ATHENS ☐ DECATUR

PATIENT NAME _____ DOB _____

PHONE _____ ADDRESS _____

REASON FOR REFERRAL _____

_____

INSURANCE _____

POLICY # _____ GROUP # _____

*You may also fax or email us a copy of the patient's insurance card (front and back).*

**PLEASE SEND PATIENTS WITH ANY AVAILABLE FILMS AND REPORTS TO THEIR APPOINTMENT.**

**SCHEDULED DATE & TIME** _____

**DOCTOR'S SIGNATURE** _____

*We will contact your patient within 24 hours and fax a confirmation of the appointment date and time to the number listed above.*
*Thank you for your referral.*
*You may also find this form for download at www.sportsmedalabama.com*