CHART #_____

SportsMED
Complete Orthopedic Care

APPOINTMENT REQUEST FORM

PLEASE COMPLETE THIS FORM IN FULL AND FAX TO *256.704.0878*
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.)*

FOOT & ANKLE SURGEONS
- ☐ BEATRIZ E. GARCIA-CARDONA, M.D.
- ☐ MATTHEW MCDONALD, M.D.

HAND & WRIST SURGEONS
- ☐ JONATHAN LUDWIG, M.D.
- ☐ JOHN H. WALKER, M.D.
- ☐ JONATHAN YU, M.D.

JOINT REPLACEMENT SURGEONS
- ☐ MATTHEW D. CLAYTON, M.D.
- ☐ JAMES RALEY, M.D.

SPORTS MEDICINE SURGEONS
- ☐ BRETT FRANKLIN, M.D.
- ☐ ERIC W. JANSSEN, M.D.
- ☐ TROY A. LAYTON, M.D.
- ☐ JACK W. MOORE, M.D.
- ☐ MATTHEW T. OWEN, M.D.

NON-OPERATIVE SPORTS MEDICINE
- ☐ THOMAS RICKS IV, M.D.
- ☐ DANIEL RALEY, M.D.

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

SPINE SURGEONS
- ☐ SANAT DIXIT, M.D.
- ☐ CURT FREUDENBERGER, M.D.
- ☐ JAVIER A. RETO, M.D.
- ☐ JOHN D. JOHNSON, M.D.

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

PAIN MEDICINE
- ☐ VICTOR CHIN, M.D.
- ☐ KAITLYN GAGAT, 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