

## PATIENT REFERRAL

Patient Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Insurance \_\_\_\_\_ Group \_\_\_\_\_  
 Policy # \_\_\_\_\_

Is this a work-related injury? ☐ Yes ☐ No

Employer \_\_\_\_\_

Case Manager Info  
 \_\_\_\_\_

## Evaluate and Treat

I certify by signature that the following treatment is medically necessary.

Dx \_\_\_\_\_ ☐ PT ☐ OT (Hand Therapy)

Surgery \_\_\_\_\_ Treatment \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Physician Name (Print)

☐ **Cullman**

1208 Cullman Shopping  
 Center NW  
 Cullman, AL 35055  
 P: (256) 775-4456  
 F: (256) 775-8845

☐ **Florence** ♀

3226 Florence Blvd  
 Florence, AL 35634  
 P: (256) 275-3312  
 F: (256) 367-4122

☐ **Gadsden** 🖐️

465 George Wallace Drive  
 Gadsden, AL 35903  
 P: (256) 439-1550  
 F: (256) 439-1551

☐ **Huntsville - Airport Road** ♀

964 Airport Road  
 Suite 10  
 Huntsville, AL 35802  
 P: (256) 285-4250  
 F: (256) 285-4255

☐ **Huntsville - Madison** ♀

6485 University Drive NW  
 Suite C  
 Huntsville, AL 35806  
 P: (256) 513-8280  
 F: (256) 513-8286

☐ **Jasper** ♀ 🖐️

200 North Airport Road  
 Suite 10  
 Jasper, AL 35504  
 P: (205) 387-3266  
 F: (205) 387-3267

