TherapySOUTH

NORTH ALABAMA 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)*

☐ ***Athens***
1061 Kelli Drive, Suite C2
Athens, AL 35613
(256) 262-3830
fax: (256) 262-3835

☐ ***Cullman***
1208 Cullman Shopping Center NW
Cullman, AL 35055
(256) 775-4456
fax: (256) 775-8845

☐ ***Florence*** ♀
3226 Florence Blvd.
Florence, AL 35634
(256) 275-3312
fax: (256) 367-4122

☐ ***Gadsden***
465 George Wallace Drive
Gadsden, AL 35903
(256) 439-1550
fax: (256) 439-1551

☐ ***Huntsville - Airport Rd*** ♀
964 Airport Road, Suite 10
Huntsville, AL 35802
256) 285-4250
fax: (256) 285-4255

☐ ***Huntsville - University Dr*** ♀
6485 University Dr, Suite C
Huntsville, AL 35806
(256) 513-8280
fax: (256) 513-8286

☐ ***Jasper*** ♀
200 N. Airport Road, Suite 10
Jasper, AL 35504
(205) 387-3266
fax: (205) 387-3267

♀ Pelvic Health Therapy Available
Hand Therapy Services (OT) Available

Scan the QR code to view all clinic location details.