

CAHABA VALLEY SURGICAL GROUP, P.C.

Rex Sherer, M.D., Tim Christopher, M.D., William "Charlie" Braswell, M.D.

644 2nd Street NE Suite 206 (2nd Medical building behind Arby's)

Alabaster, AL 35007

Phone# 620-9065

Fax# 664-5510 or 620-9051

REFERRAL FORM

Please note that this referral form is for general surgical consults and not for weight loss surgery consults. **Please have the patient contact us directly to discuss a bariatric consultation.*

Please complete this form and fax back with **DEMOGRAPHIC INFORMATION** and **PERTINENT MEDICAL RECORDS** to (205) 664-5510 or 620-9051

Today's Date:						
Patient Name:				DOB:		
Patient's home #		Work#		Cell#		
Insurance Co.			Contract/ID#			
Requested Physician:	<input type="checkbox"/> Sherer <input type="checkbox"/> Christopher <input type="checkbox"/> Braswell <input type="checkbox"/> First available.					
Referring Physician:						
Office contact person:				Phone/Fax:		
Referring Diagnosis:						
<input type="checkbox"/> Please check here if no labs or diagnostics were done to identify condition.						
Your patient will be contacted within 48 hours of receipt of this form, <u>face sheet</u> , and <u>medical records</u> to schedule an appointment. If the patient needs to be seen within three (3) business days, PLEASE do not hesitate to call the office directly to schedule an appointment.						
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Office Use Only	Office Use Only	Office Use Only	Office Use Only	Office Use Only	Office Use Only	
Appointment Date: _____ Time: _____						