



# Fax Referral Form

If you would like to refer by fax, please complete this form in full and fax to the appointment desk listed below. We will contact your patient, schedule the appointment, and return the form with appointment date and time.

Referring Provider: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

### Physicians:

- First Available
- Gerard D. Brocato, M.D., F.A.C.S.
- Jasper V. Castillo, M.D.
- John P. Kostrzewa, M.D.
- Richard G. Martin, M.D.
- W. Scott McCary, M.D. F.A.C.S.
- Michael D. McFadden, M.D.
- William J. McFeely, Jr., M.D.
- H. McKinley Teachey, M.D.
- Bradley Hobbs, M.D.

**Downtown**  
 927 Franklin St  
 Suite 100  
 256-536-9300

**Madison Hospital Campus**  
 8337 Hwy 72 W  
 Suite 301  
 256-772-1884

### Physician's Hearing Center:

- Hearing Aids/Hearing Testing only  
with an Audiologist

**Downtown**  
 927 Franklin St. 256-535-9038  
 Suite 100

**Madison Hospital Campus**  
 8337 Hwy 72 W  
 Suite 102  
 256-704-HEAR (4327)

### Patient Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Alt. Phone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Type: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Does the patient have Xrays/CT/MRI/Ultrasound? \_\_\_\_\_

(Patient needs to bring any films and reports available to the appointment.)

**FAX TO: (256) 881-8177**

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.

Scheduled Date and Time: \_\_\_\_\_