

# **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 (2<sup>nd</sup> 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 <b>no</b> 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. <b>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.</b>							
.....							
Office Use Only	Office Use Only	Office Use Only	Office Use Only	Office Use Only			
Appointment Date: _____ Time: _____							