PLEASE SCHEDULE APPOINTMENT WITH:

❑ Avery	❑ Nimmagadda
❑ Barnes	❑ Reardon
❑ Bellam	❑ Sarmad
❑ Davidson	❑ Thompson
❑ McDaniel	

MONTGOMERY CANCER CENTER
A BAPTIST HEALTH FACILITY

Main Campus FAX (334) 260-2011
Prattville Campus FAX (334) 358-1207

❑ ASAP (within 72 hrs)
❑ 1st AVAILABLE
❑ 1-2 WEEKS

PATIENT INFORMATION:

Last: _____ First: _____ MI: _____

DOB: _____ SS#: _____ Sex: ❑ M ❑ F Race: _____

Address_____
Street City St Zip Phone/Alt. Phone

Referring MD: _____ Phone #: _____ Fax #: _____

NPI #: _____ Address: _____

Diagnosis/Reason for Referral: _____

PLEASE FAX PATIENT DEMOGRAPHICS WITH INSURANCE INFORMATION

Primary:

❑ Medicare	❑ Medicaid	❑ United Healthcare	❑ BCBSAL
❑ BCBS Out of State	❑ BCBSAL BEG (Referral Required)	❑ TriCare (Referral Required)	❑ Patient 1st (Referral Required)
❑ Other_____	❑ Self-Pay – No Insurance		

Secondary:

❑ Medicare	❑ Medicaid	❑ United Healthcare	❑ BCBSAL
❑ BCBS Out of State	❑ BCBSAL BEG	❑ TriCare	❑ Patient 1st

PLEASE SEND RECORDS WITH REFERRAL FOR ALL DIAGNOSES

➢ ➢ **Records are required before appointment can be scheduled** ➢ ➢

☑ Last 3 Office Notes (last 3 visits)	☑ Lab Reports (1-2 years)
☑ Pathology (surgical, genetic, stains)	☑ Colonoscopy/EGD Reports with Pathology
☑ Operative and Procedure Notes	☑ Imaging (Mammogram, PET, CT, MRI, US, Nuclear Medicine, Bone Density) ➢ Send imaging studies on CD with patient

Appointment Date: _____ Time: _____ ❑ AM ❑ PM MCC MD: _____

PATIENT SHOULD ARRIVE 1 HOUR PRIOR TO APPOINTMENT TIME

*** **We ask that you notify your patient of the date and time of the appointment** ***

** Instruct patient to bring driver's license and all insurance cards to appointment **

FAX THIS FORM AND RECORDS PERTAINING TO APPROPRIATE SCHEDULING DEPARTMENT:

(334) 260-2011 **Montgomery**	(334) 358-1207 **Prattville**