Medical Centers
BEHAVIORAL HEALTH CLINIC

REFERRALS

Name: _____ D.O.B:_____

Address: _____ Phone:_____

_____

Insurance Information **Primary** **Secondary**

Insurance: _____ _____

Contract#: _____ _____

Group#: _____ _____

Referring Office/Physician:

Place Referring:_____

Phone Number: _____ Fax Number: _____

Reason for referral: _____

Please send the following paperwork with request: Demographics, Most recent Office Note and Medication List

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Preferred Doctor Dr. Rachel Pope Dr. Gregory Ciaccio Kim Smith, CRNP

Appointment Date: _____ Time:_____

Appointment with: _____

Other: _____

29 Medical Center Lane, Suite A • Guntersville, AL 35976 Phone: 256-571-8717 Fax: 256-571-8719