

David L. Tharpe, M.D.  
Thomas W. Ozbirn, Jr., D.O.  
Roman R. Brantley, Jr., M.D.  
James L. Lewis, M.D.  
John R. Brouillette, M.D.  
Jeffrey H. Glaze, M.D.  
Harold E. Giles, M.D.  
Agata M. Przekwas, M.D.  
Thomas H. Watson, M.D.  
William D. Lyndon, M.D.  
Michael B. Hovater, M.D.  
Benjamin R. Broome, M.D.  
Phillip N. Madonia, M.D.  
Timothy A. Williams, M.D.  
Theodore S. Feely, M.D.  
James C. Harms, M.D.  
Emily D. Feely, M.D.

**Alabaster**  
644 2<sup>nd</sup> Street N.E., Suite 201  
Alabaster, Alabama 35007

**Anniston**  
1430 Christine Ave  
Anniston, Alabama 36207

**Bessemer**  
995 9th Avenue S.W., Suite 407  
Bessemer, Alabama 35022

**Birmingham**  
817 Princeton Avenue S.W.,  
POB II, Suite 206  
Birmingham, Alabama 35211

**Centreville**  
405 Belcher Street  
Centreville, Alabama 35042

**Clanton**  
2030 Lay Dam Road  
Clanton, Alabama 35045

**Fultondale**  
339 Walker Chapel Plaza, Suite 109  
Fultondale, AL 35068

**Gadsden**  
405 South 2<sup>nd</sup> Street  
Gadsden, AL 35901

**Gardendale**  
1603 Decatur Highway, Suite 150  
Gardendale, Alabama 35071

**Homewood**  
2700 Rogers Drive, Suite 102  
Homewood, Alabama 35209

**Hwy 119/ Greystone**  
7 Huddle Drive/ Hwy 119  
Hoover, Alabama 35242

**Jasper**  
3400 Highway 78 East, Suite 410  
Jasper, Alabama 35501

**Oneonta**  
101 Lemley Drive, Suite A  
Oneonta, Alabama, 35121

**Pell City**  
7067 Veterans Parkway, Suite 130  
Pell City, Alabama 35125

**Trussville**  
7201 Happy Hollow Road  
Trussville, Alabama 35173

**Winfield**  
255 Medical Drive, Suite 2  
Winfield, AL 35594

email: [mail@nephrologypc.com](mailto:mail@nephrologypc.com)

# NAC NEPHROLOGY ASSOCIATES, P.C.

Phone: (205)226-5900 Fax: (205)226-5937

## New Patient Referral Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Patient Insurance and Policy#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Fax: \_\_\_\_\_

NPI: \_\_\_\_\_

**Please fax items listed below to**

**ATTN: MEGAN @ (205)226-5946**

- 1. Patient demographics with insurance information and referral if required**
- 2. Last 12 months of lab results and office notes**

**PATIENT CANNOT BE SEEN WITHOUT REFERRAL,  
OFFICE NOTES, AND LABS(MOST CURRENT)**

### NEPHROLOGY OFFICE USE ONLY

APPT DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

APPT TIME: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

MAILED PAPERWORK: \_\_\_\_\_ FAXED APPT INFO: \_\_\_\_\_

SPOKE WITH PATIENT/LEFT MESSAGE/NO ANSWER/SCHED. WITH REF. PHYS. OFFICE

# Consultation Verification Form

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance and Policy#: \_\_\_\_\_

Patient diagnosis/conditions/signs/symptoms: \_\_\_\_\_

- **Requesting a Consultation**

- Requesting provider is asking for the opinion, advice, recommendation, suggestion, direction, or counsel in the evaluation or treatment of this patient. The requesting provider understands that the consulting physician may order diagnostic services and treatment at the time of the initial appointment.
- Requesting provider will receive a written report outlining the consultant's opinion and advice regarding this patient.

- **Requesting a Referral**

- Referring provider is sending patient to Nephrology Associates, P.C. for treatment only and is not seeking the opinion and/or advice of the consulting physician

Please keep this document in your chart as a part of your Plan of care.