

# SOUTHERN

*Head & Neck*

## SURGERY

*Allergy and Sinus Center P.C.*

F. Anthony McLeod, M.D., F.A.C.S

3368 Hwy 280- Suite G-15 – Alexander City, AL 35010 (256)329-1114

401 W. 3<sup>rd</sup> St. – Sylacauga, AL 35150- (256) 249-7044

73970 Tallasse Hwy - Wetumpka, AL 36092 – (334) 478-7296

206 Medical Park – Talladega, AL 35161- (256) 761-1605

[www.southernheadandnecksurgery.net](http://www.southernheadandnecksurgery.net)

### Referral Form

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

**Location:** Alexander City

Sylacauga

Wetumpka

Talladega

(Please circle one)

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

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

Diagnosis or reason for referral: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary

Insurance: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email: \_\_\_\_\_

Please fax this completed referral form along with all requested information to our office at **256-329-2202**. Upon receipt of all records, they will be submitted for the requested appointment. We will contact your patient with appointment date and time.

- Patient Demographics
- Copy of Insurance Cards (Medical and prescription)
- Recent Office Notes/Lab/Pathology/Diagnostic Imaging/Etc.

If you have any questions, Please contact one of our offices. Thank you for the referral.