

Riverside Podiatry, Dr. Robert Hope D.P.M. NPI 1942307970

535 Jack Warner Pkwy Suite A1 Tuscaloosa, Alabama 35404

Phone: (205) 633-3606

Fax: (205) 633-3696

New Patient Referral Form

Please complete the information below and fax back with any pertinent records.

Date Referral Form Faxed: _____

Patient Name: _____ DOB: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____

Patient's Primary Phone: _____ Secondary: _____

Reason for Consult/Referral _____

Referring Physician: _____ NPI: _____

Physician Office #: _____ Fax #: _____

Referral Form Completed By: _____

Please fax all of the following:

* Completed referral form

* Insurance Referral / Insurance Authorization (if applicable)

* Patient Demographics

* Primary Insurance Card & Secondary Insurance Card (if pt has secondary ins)

* Most recent office notes, labs, imaging report and any other pertinent records

* Appointment will not be made if insurance referral or authorization is required and not received by the referring physician's office.

Scheduled Appointment Date & Time: _____

Patient Notified : YES NO Date/Time/Initials: _____