



URGENT REQUEST

ALABASTER/GRANDVIEW

1022 1st St. N.
Suite 220
Alabaster, AL 35007
Phone 205-663-1023
Fax 866-813-9501

3570 Grandview Pkwy.
Suite 200
Birmingham, AL 35243
Phone 205-663-1023
Fax 866-813-9501

FIRST AVAILABLE

Brian A. Brunson, M.D.
 John P. Day, M.D.
 Mohannad Dugum, M.D.
 Robert D. Loudon, M.D.
 Robert D. Marks, M.D., MPH

Molly McVey, M.D.
 Nathaniel Peyton, M.D.
 Bradley A. Rubery, M.D.
 Charles V. Welden IV, M.D.
(Procedures Only @ Grandview)

BROOKWOOD

513 Brookwood Blvd.
Suite 401
Birmingham, AL 35209
Phone 205-870-0256
Fax 877-342-3339

FIRST AVAILABLE
 Brent N. Barranco, M.D.
 Gregory L. Champion, M.D.
 William H. Halama, III, M.D.
 Faris H. Pacha, D.O.
 Lindsay South Robison, M.D.
 Wiley D. Truss, M.D., MPH

PRATTVILLE

645 McQueen Smith Rd. N
Suite 106
Prattville, AL 36066
Phone 205-870-0256
Fax 877-342-3339

FIRST AVAILABLE
 Brent N. Barranco, M.D.
 Faris H. Pacha, D.O.
 Wiley D. Truss, M.D., MPH
 Ginger McDaniel, CRNP

ST. VINCENT'S EAST

100 Pilot Medical Dr.
Suite 250
Birmingham, AL 35235
Phone 205-838-3034
Fax 877-776-2535

FIRST AVAILABLE
 Miles E. Gresham, M.D.
 William C. Lopez, M.D.
 Rohit Malik, M.D.
 Robert A. Shaffer, M.D.
 Charles V. Welden IV, M.D.

GARDENDALE

2217 Decatur Hwy.
Gardendale, AL 35071
Phone 205-838-3034
Fax 877-776-2535

FIRST AVAILABLE
 Miles E. Gresham, M.D.
 Robert A. Shaffer, M.D.

BLOUNT COUNTY

150 Gilbreath Dr.
Oneonta, AL 35121
Phone 205-838-3034
Fax 877-776-2535

FIRST AVAILABLE
 William C. Lopez, M.D.
 Lisa Peoples, CRNP

COMPLETE HEALTH

74 Plaza Dr., Suite 1-A
Pell City, AL 35125
Phone 205-838-3034
Fax 877-776-2535

FIRST AVAILABLE
 Charles V. Welden IV, M.D.
 Terie Guffey, CRNP

PATIENT INFORMATION *(please fill out or attach demo sheet)*

Patient's Name: _____
Date of Birth: _____
Daytime Phone #: _____
Insurance: _____

SSN: _____
Sex (circle): M F
Alternate Phone #: _____
Referral #: _____

PROCEDURE REQUESTED

Office Visit Colonoscopy EGD Flex Sig (FSI) Pill Cam
 ERCP Double Balloon Endoscopy Hemorrhoid Banding EUS (Endo Ultrasound)

DIAGNOSIS

Screening Positive Hemocult Family History (Colon Cancer) Iron Deficiency Anemia GERD
 Positive Cologuard Abdominal Pain Rectal Bleeding Other: _____

REFERRING PHYSICIAN INFORMATION

Referring Physician's Name: _____

Contact Name: _____ Phone #: _____ Fax: _____