



URGENT REQUEST

## ALABASTER/GRANDVIEW

- 1022 1<sup>st</sup> 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 Brunson, MD
- Mohannad Dugum, MD
- Robert Loudon, MD
- Robert Marks, MD
- Tasnia Matin, MD
- Molly McVey, MD
- Nathaniel Peyton, MD
- Bradley Rubery, MD

## BROOKWOOD

- 513 Brookwood Blvd.  
Suite 401  
Birmingham, AL 35209  
Phone 205-870-0256  
Fax 877-342-3339
- FIRST AVAILABLE
- Brent Barranco, MD
- William Halama, III, MD
- Jim McPhail, MD
- Lindsay South Robison, MD
- Wiley Truss, MD, MPH

## PRATTVILLE

- 645 McQueen Smith Rd. N  
Suite 106  
Prattville, AL 36066  
Phone 205-870-0256  
Fax 877-342-3339
- FIRST AVAILABLE
- Brent Barranco, MD
- Jim McPhail, MD
- Wiley Truss, MD, MPH

## TRUSSVILLE

- 220 Main St.  
Suite 112  
Trussville, AL 35173  
Phone 205-838-3034  
Fax 877-776-2535
- FIRST AVAILABLE
- Miles Gresham, MD
- William Lopez, MD
- Rohit Malik, MD
- Robert Shaffer, MD
- Charles Welden IV, MD

## GARDENDALE

- 2217 Decatur Hwy.  
Gardendale, AL 35071  
Phone 205-838-3034  
Fax 877-776-2535
- FIRST AVAILABLE
- Miles Gresham, MD

## PELL CITY

- 70 Plaza Dr.  
Pell City, AL 35125  
Phone 205-838-3034  
Fax 877-776-2535
- FIRST AVAILABLE
- Charles Welden IV, MD

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

Patient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex (circle): M F  
 Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Referral #: \_\_\_\_\_

## GENERAL GI

- Office Visit
- Colonoscopy
- EGD
- Other: \_\_\_\_\_
- Flex Sig
- PillCam
- Hemorrhoid Banding

## ADVANCED ENDOSCOPY- *fax requests to 877-550-1902*

- ERCP
- Double Balloon Enteroscopy
- Endoscopic Mucosal Resection
- Radiofrequency Ablation
- EUS (Endoscopic Ultrasound)
- Esophageal/Duodenal/Colonic Stenting
- Other: \_\_\_\_\_

## DIAGNOSIS

- Screening
- Positive Cologuard
- Positive Hemoccult
- Abdominal Pain
- Family History (Colon Cancer)
- Rectal Bleeding
- Iron Deficiency Anemia
- Other: \_\_\_\_\_
- GERD

## REFERRING PHYSICIAN INFORMATION

Referring Physician's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_