



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.

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.

Lindsay South Robison, M.D.

Wiley D. Truss, M.D., MPH

PRATTVILLE

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

FIRST AVAILABLE

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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.

Faris H. Pacha, D.O.

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

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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

PELL CITY

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

FIRST AVAILABLE

William Lopez, M.D.

Charles V. Welden IV, M.D.

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 #: _____

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: _____