



Pell City
85 Plaza Drive
Pell City, AL 35125
Phone (205) 338-6106
Fax (205) 814-9180

Talladega
727 Stone Avenue
Talladega, AL 35160
Phone (256) 315-9693
Fax (256) 315-9694

Clay/Chalkville
6723 Deerfoot Pkwy
Suite 105
Pinson, AL 35126
Phone (205) 681-5131
Fax (205) 681-5133

Vestavia
790 Montgomery Hwy
Suite 108
Vestavia Hills, AL 35216
Phone (205) 822-7607
Fax (205) 822-7614

Bessemer/McCalla
4765 Eastern Valley Road
Suite 109
McCalla, AL 35111
Phone (205) 477-1501
Fax (205) 477-1559

Greystone
2807 Greystone Commercial Blvd
Suite 32
Birmingham, AL 35242
Phone (205) 408-1713
Fax (205) 408-1170

Hoover
3421 South Shades Crest Rd.
Suite 107
Hoover, AL 35244
Phone (205) 987-6501
Fax (205) 987-6503

Fultondale/Gardendale
3471 Lowery Pkwy
Suite 107
Fultondale, AL 35068
Phone (205) 849-6566
Fax (205) 849-6563

Crestline/Mt. Brook
205 Country Club Park
Birmingham, AL 35213
Phone (205) 871-0777
Fax (205) 871-0701

Alabaster/Pelham
3569 Pelham Pkwy
Suite # 7
Pelham, AL 35124
Phone (205) 664-8404
Fax (205) 664-8559

COMING JANUARY 2011
 Liberty Park
3800 River Run Drive
Suite 102
Birmingham, AL 35243
Phone (205) 970-2350
Fax (205) 970-2165

PATIENT REFERRAL

Patient's Name _____ DX _____

Surgery: _____ Home# _____

Work# _____

Cell# _____

Evaluate and Treat

Treatment: _____

Frequency _____ Duration _____

Additional Information: _____

IS THIS A WORK RELATED INJURY?

YES

NO

Insurance Information

Employer _____ Ph. _____ DOB _____

Insurance Co. _____ Ph. _____ Policy# _____

Contact _____ Group# _____

Case Manager _____ Ph. _____

I certify by this signature, that this treatment is medically necessary.

Date _____ Physician Signature _____

THANK YOU FOR YOUR REFERRAL