

RIVERSIDE PODIATRY P.C.

ROBERT HOPE D.P.M. NPI: 1942307970

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OFFICE: 205.633.3606 FAX: 205.633.3696

**For EMERGENT PROBLEMS, Requesting Physician MUST call our office. All other requests are considered non-urgent.

**Office notes, copy of insurance card(s) front & back, copy of photo ID and prior insurance AUTHORIZATION (if needed from insurance) must be faxed with this referral before we will call patient and set an appointment.

PLEASE PRINT ALL INFORMATION AND WRITE LEGIBLE!!

PATIENT'S NAME: _____

D.O.B. _____ SOCIAL SECURITY #: _____

PATIENT'S BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL #: _____

REASON FOR REFERRAL: _____

REFERRING PHYSICIAN: _____ NPI: _____

PHONE #: _____ FAX #: _____

WE WILL FAX BACK APPT. DATE/TIME ONCE WE HAVE CONTACTED THE PATIENT.

APPT. DATE: _____ TIME: _____

FAXED BY: _____