Paul D. Kellam, Jr., MD	NPI: 1760554877
Thomas C. Mullis, MD	NPI: 1174743918
Melissa Gay, MCD	NPI: 1003275074
Carla C. Gay, NP-C	NPI: 487161030

R E F E R R A L

^ ^ ^ ^ ^ ^ ^ ^ Please fax this completed form to (478) 275-1964 ^ ^ ^ ^ ^ ^ ^ ^

Referral To: _____**KELLAM** _____**MULLIS** _____**First Available**

REASON FOR REFERRAL: ____

____

REFERRED BY: ______________________________ **OFFICE #:** ______________________

PATIENT NAME: ____________________________________ **DOB:** __________________

Address: ____

Home Phone# _________________________ Cell # ______________________________

Parents/Guardians Name (*If Patient is a Minor*): ________________________________

Primary Insurance Co: ____

Policy # ___________________________________ Group # ______________________

APPOINTMENT INFORMATION:

Date: _____________________________________ Time: _________________ AM / PM

Comments:

____

____

***Include copies of insurance cards, notes, tests, etc. with this referral form.**