

Athens:
1005 W Market Street, Suite 4
Athens, AL 35611
Phone: 256-431-4223
Fax:256-472-4300



Muscle Shoals:
2836 E 2nd St
Muscle Shoals, AL 35661
Phone: 256-262-8500
Fax:256-262-8510

SPEECH THERAPY REFERRAL FORM

Patient Name: _____ DOB: _____

Phone Number: _____

Insurance Carrier/ ID Number: _____

Reason for Treatment or ICD and CPT Codes:

Please select location: Athens Muscle Shoals

Physician Signature: _____

Printed Physician Name: _____ Date: _____

Clinic Phone: _____ Clinic Fax: _____

For us to better assist your patient, please fax us a copy of their office visit and patient face sheet along with this referral. Thank you!