Icon

Description automatically generated with medium confidence

2700 Highway 280 South, Suite 212

Mountain Brook, AL 35223

Phone: 205.878.4368 | Fax: 855.809.8099

Referring To:   R. Benton Pitkanen, MD Brooke Bell, MD First Available

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Office #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR VISIT**

* Office Visit: Initial Consult; Evaluate and Treat; Consideration of Opioid Management

Other: please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Procedure Only: Indicated procedure at discretion of Dr. Pitkanen and Dr. Bell.

Specific requested procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FAX ALL REFERRALS TO 855.809.8099**

On All New Patients, please attach

* Demographic Sheet
* Copy of insurance cards (if insurance requires referral please obtain & send)
* Most Recent Office Note
* Any Available Imaging – (Xray, CT, MRI)

**Many thanks for allowing us to take care of your patient.**

**CPCBirmingham.com**