

CLINIC FOR COLON & RECTAL SURGERY, P.A.

115 MANNING DRIVE SW, SUITE D101

HUNTSVILLE, AL 35801

(256) 533-6070

Fax (256) 533-9374

Robert H. Campbell, Jr., M.D. Javad Golzarian, M.D. Stephen F. Clark, M.D.

Blake A. Spindler, M.D. Andrew B. Mitchell, M.D.

Date: _____

Patient Name: _____
Last First MI

SSN: _____ DOB: _____ Gender: M F

Patient Primary Phone#: _____

Patient Email Address: _____

Primary Insurance Contract #/ID: _____ Group #: _____

Policy Holder Name: _____ DOB: _____

Secondary Insurance Contract #/ID: _____ Group #: _____

If a referral from the primary care physician is needed, the referral MUST be received by this office prior to appointment being made, i.e. MEDICAID, TRICARE, BCBS AL Personal Choice and Silver.

Reason for appointment: _____

**** IF MASS OR CANCER, SEND COLOR PICTURES WITH THE PATIENT ****

Date of last colonoscopy: _____ Performed by Dr. _____

To be notified: Patient Doctor's office Both

Referring to: Dr. Campbell Dr. Clark Dr. Golzarian Dr. Mitchell Dr. Spindler Any

Referring Doctor: _____ Pathology

Referring Doctor phone #: _____ CT / MRI

Referring Doctor fax#: _____ Operative / Procedure Notes

Please fax most recent colonoscopy and any other pertinent records for the patient.