



STEP 1

SERVICE / LOCATION REQUESTED

St. Vincents Hospital, Birmingham

- Office Appointment
- Upper Endoscopy
- Colonoscopy
- ERCP

PHYSICIAN REQUESTED

- First Available
- Richard T. McGlaughlin, M.D.
- Shelley Moreland, FNP

STEP 2

Please provide the following information:

Patient Name _____ Date of Birth _____

Patient Phone (Home) _____ (Alternate) _____

Patient Address _____

Patient Email _____

Insurance _____ Policy # _____ Group # _____

Referring Physician _____ Physician Phone _____

Office Contact _____ Date Referral Sent _____

Reason for Referral: _____

STEP 3

If you are scheduling directly for a procedure, please give patient the appropriate Instructional brochure or have them call our office so we can mail one.

STEP 4

Please fax this form and a copy of the patient's insurance card, electronic medical record face sheet, and pertinent office notes, labs, and imaging reports to:

(205) 933-2350 Fax

Thank you for trusting us to assist in the care of your patient!