SPINE & NEURO
HUNTSVILLE HOSPITAL

Please fax to: (256) 533-8082
Scheduling: (256) 533-1600

REFERRING PHYSICIAN

Physician name: _____ Phone: _____

Clinic contact: _____ Fax:_____

☐ URGENT ☐ ROUTINE

NEUROSPINE SURGEONS

☐ FIRST AVAILABLE
☐ Rhett B. Murray, MD
☐ Joel D. Pickett, MD
☐ Jason T. Banks, MD
☐ Cheng W. Tao, MD
☐ Stephen E. Sandwell, MD
☐ Christopher D. Hargett, DO
☐ Thomas A. Ostergard, MD

PHYSICAL MEDICINE AND REHABILITATION
(Non-surgical specialists - Huntsville only)

☐ FIRST AVAILABLE
☐ Hayley B. Campbell, MD
☐ Brent M. Newell, MD

☐ EMG/NCS
☐ Upper ☐ Lower
☐ Bilateral ☐ Right ☐ Left

PATIENT INFORMATION

Patient Name: _____ Diagnosis: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Insurance:_____ID#:_____Group#:_____

Does the patient have: ☐ MRI (within last 6 months) ☐ EMG/Nerve conduction ☐ CT scan ☐ X-rays

Has the patient had surgery related to the diagnosis in the past 24 months? ☐ Yes ☐ No

Is this workers' compensation? ☐ Yes ☐ No Employer: _____

*Please include office notes, operative reports and scans if possible.

MAIN OFFICE — Huntsville: Governors Medical Tower · 201 Governors Drive, First Floor · Huntsville, AL 35801
SATELLITE CLINICS: Please note not all of our physicians travel to the satellite clinics.
Decatur Morgan: Decatur Medical Plaza 1 · 1215 7th Street SE, Suite G300 · Decatur, AL 35601
Florence: 402 E. Dr. Hicks Blvd. · Florence, AL 35630

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Appointment made for _____ at _____ a.m./p.m.
Date Time

Revised 12/2024