

Endocrinology & Metabolism

of east alabama

Request for Consultation

Dr. Neil Schaffner, MD, FACP, FACE

Thank you for referring to our office! Please fax a demographic sheet if available.

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone number: _____

DOB: _____ SS# _____

Insurance: _____ Contract # _____ Group # _____

Policy Holder: _____ DOB: _____

Insurance referrals should be faxed with this request.

Referring Physician: _____

Office number: _____ Fax: _____

Complaint/Symptoms: _____

Please include with this referral any lab work, office notes, scans that support diagnosis. Our office will call the patient and schedule the appointment when the necessary records are in our hands.

FAX 334-528-7271

Phone: 334-528-7270

Appt. date:

Appt. time:

Dr. Neil Schaffner, MD
Endocrinology & Metabolism of East AL
2420 Village Professional Drive
Phone: 334-528-7270
FAX 334-528-7271

FAX

To: _____

FAX: _____

Pages:

RE: _____ Date: _____

Notes:

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