



CAHABA DERMATOLOGY  
MEDICAL | COSMETIC | SPA | RESEARCH

## Physician Referral Form

### Hoover

2279 Valleydale Road  
Suite 100  
Hoover, AL 35244

### Cahaba Heights

3965 Crosshaven Drive  
Suite 113  
Birmingham, AL 35406

### Tuscaloosa

1649 McFarland BLVD  
Suite 201  
Tuscaloosa, AL 35406

**OFFICE NUMBER: 205.214.7546 | FAX: 205.449.2495**

We welcome referrals from physicians and providers of all specialties.  
Please fax this form, demographic sheet, pertinent clinic notes,  
laboratory reports, pathology reports along with Insurance information.

**DATE OF REQUEST:** .....

**CIRCLE LOCATION:** Hoover Cahaba Heights Tuscaloosa

**CIRCLE PROVIDER:**

Dr. Vlada Groysman | Dr. Anne Gerald | Suzanne Vickers, PA-C | Elizabeth Smith, PA-C  
Justin Perry, NP | Amy Ward, PA-C

**Referring Physician/Provider:** .....

**Office Phone Number:** ..... **Office Fax Number:** .....

**PATIENT INFORMATION:**

**Name:** ..... **DOB:** ..... **MALE OR FEMALE:** .....

**Phone Number:** .....

**Notes/ Reason for Referral:**

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