



If you would like to refer by fax, please complete this form in FULL, attach all pertinent records, including any insurance authorizations, and fax it to (256)-535-9032. We will contact your patient and schedule the appointment. Per NALENT policy, we have to have insurance authorizations before scheduling.

Referring Provider: _____ Phone: _____ Fax: _____

Reason for Referral: _____ NPI#: _____

Preferred Location:

Huntsville Office

1963 Memorial Pkwy, Medical Mall, Suite 5
Huntsville AL 35801

Madison Office

8337 Hwy. 72 W, Progress Bank Building, Suite 301
Madison AL 35758

Preferred Provider (Leave Blank for no preference):

Gerard Brocato, M.D., FACS
General ENT: Adult/Peds

Richard Martin, M.D.
General ENT

Ken Teachey, M.D.
Head & Neck Cancer,
Thyroid and
Parathyroid problems

Jasper Castillo, M.D.
Pediatric Otolaryngology

Scott McCary, M.D., FACS
General ENT: Adult/Peds

Katie Robinson, PA-C
Physician Assistant

Bradley Hobbs, M.D.
General ENT: Adult/Peds

Michael McFadden, M.D.
General ENT: Adult/Peds

John Kostrzewa, M.D.
General Ent: Adult/Peds

William McFeely, M.D.
Otology/Neurology: Hearing
loss, tinnitus, dizziness &
balance problems, other ear problems

Patient Information:

First Name:	Last Name:	MI:
Address:		Zip Code:
Phone:	Alt. Phone:	Sex:
SS#:	DOB:	
Primary Insurance:	Contract #:	Group #:
Secondary Insurance:	Contract #:	Group #:
If patient has additional insurance, <u>please</u> include in records with the name and dob of the policy holder.		

If you have any questions, please call us at (256)-536-9300.

HUNTSVILLE

1963 Memorial Parkway SW, Suite 5, Huntsville, AL 35801
Phone: (256) 536-9300

MADISON

8337 Hwy 72 W, Suite 301, Madison, AL 35758
Phone: (256) 772-1884