



Podiatry Associates, P.C.

Patient Name: _____ Today's Date: _____

Patient Phone #: _____ DOB: _____

Insurance Name: _____ Policy #: _____

Referring Physician: _____ Contact Person: _____

Physician Phone #: _____ Fax #: _____

REQUESTED PHYSICIAN:

Dr. Robert Russell, DPM

Dr. James Bowman, DPM

LOCATION:

1101 18th Street South
Birmingham, AL 35205
Tel: 205.933.9595
Fax: 205.933.5250

9 Western Avenue
Sylacauga, AL 35150
Tel: 256.249.2212
Fax: 256.249.2022

Reason for referral: _____

Physician Signature: _____

*if possible, please fax a copy of patient demographics