



LEMAK HEALTH

Referring Physician: _____

Referring Office Phone/Fax Number: _____

Patient Being Referred For: _____

Patient Name: _____ DOB: _____

Patient Number: _____

Insurance Provider: _____

Prior studies and images:

WORKERS COMP SECTION ONLY

Billing Address: _____

Claim #: _____

Adjuster's Name: _____

Phone Number: _____

Case Manager's Name: _____

Phone Number: _____

**Please fax all pertinent clinical information,
including demographics, to your selected location.**

LEMAK OFFICE USE ONLY

Appointment Scheduled For: _____

Confirmation of Appointment Faxed To: _____

Date/Time: _____

BIRMINGHAM _____

5018 Cahaba River Road
Birmingham, AL 35243

O: 205.397.5200 **F:** 205.203.9858

- Lawrence Lemak, MD
- Scott Appell, MD
- Kavita Iyengar, MD

ALABASTER _____

831 1st Street North
Alabaster, AL 35007

O: 205.358.9120 **F:** 205.358.9121

- Anna Gully, CRNP
- Loren James, MD
- Kavita Iyengar, MD

GARDENDALE _____

2215 Decatur Highway, Suite 117
Gardendale, AL 35071

O: 205.631.3828 **F:** 205.631.3829

- Rodney Huffstutler, CRNP
- Lawrence Lemak, MD

PRATTVILLE _____

2709 Legends Parkway
Prattville, AL 36066

O: 334.310.1117 **F:** 334.380.5935

- Loren James, MD

Notes: