

Haynes Neurosurgical Group, P.A.
801 Princeton Ave SW, POB 1 Suite #310, Birmingham, Al 35211
Phone: (205) 787-8676 Fax: (205) 785-7944

New Patient Appointment Form

Please fax office notes, MRI/CT reports and insurance referral, if needed.
We will call the patient within 24 hrs. To schedule an appointment.

Referring Patient To (Circle One):

Dr. R. Cem Cezayirli Dr. Robert J. Johnson Jr. No Preference

Patient Information

Patient Name _____

Home No. _____ Work No. _____ Other No. _____

Address _____

Date of Birth _____ Social Security _____

Diagnosis **PLEASE ATTACH TEST RESULTS WITH THIS FORM**

(Need patient's prior approval for release of medical information)

Diagnosis _____ Test _____

Referring Doctor _____ Phone No. _____ Fax _____

Insurance Information **MAY ATTACH COPY OF INSURANCE CARDS**

Insurance (primary) _____

Contract No. _____ Group No. _____ Referral No. _____

Insurance (secondary) _____

Contract No. _____ Group No. _____ Referral No. _____

Insurance (other)

Contract No. _____ Group No. _____ Referral No. _____

Workman's Compensation **MUST HAVE PRIOR APPROVAL FOR WORKMAN'S COMP**

Workman's Compensation _____

Adjuster Name _____ Phone No. _____

Claim Number _____