

GUNTERSVILLE PHYSICIANS
FAX TO 256.571.8447
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ORTHOPAEDIC SURGEONS

- Zachary **Moore**, MD
- Matthew **Smith**, DO

SPINE SURGEONS

- Brian **Scholl**, MD

SPINE INTERVENTIONAL

- Saranya **Nadella**, MD

FIRST AVAILABLE

OTHER _____

- Location: **Guntersville**
 Albertville

DX/Comments

Referring Physician: _____

Contact Person: _____

Physician Phone #: _____

Fax Number: _____

*Patient Name: _____

*Date of Birth: _____

*Address: _____

City/State/Zip: _____

Email: _____

*Patient Phone #: _____

Alternate Phone #: _____

Gender (please check): Female Male _____

*Insurance: _____

* REQUIRED information to schedule Patient

Where is the pain? (Please check all that apply)

- Neck
- Upper Back
- Elbow
- Foot
- Shoulder
- Lower Back
- Hand
- Ankle
- Hip
- Arm
- Knee
- Other: _____

Was patient involved in a motor vehicle accident? No Yes If Yes, Date: _____

Previous Studies: X-Ray Myelogram CT Scan MRI
 Bone Scan EMG/NCS

Facility Name: _____

*If previous studies exist, please bring disk & copy of report(s) to aid in patient evaluation.

Evaluation/Treatment: _____

Are interpreter services needed? No Yes