

ENDOCRINOLOGY AND DIABETES ASSOCIATES

Dr. Steven Cowart and Dr. Bobby Johnson

Your office has recently requested our opinion on one of your patients.
In order to make an appointment we need the following:

MOST RECENT

HISTORY AND PHYSICAL
PHYSICIAN PROGRESS NOTES

CURRENT LABS
CURRENT MEDICATION
LIST

Please fax this information to (256) 551-4474 and we will contact your office with the appointment time once their records are received.

Thank you for your cooperation

Patient Name _____

DOB _____ SS# _____

Pt address _____ City/St _____ Zip _____

Home # _____ Work # _____ Cell # _____

Doctor Requested: Johnson/Cowart

Requesting MD _____

NPI # _____

Phone _____ Fax _____

Diagnosis: _____

BCBS _____ Medicare _____ Tricare _____ Other _____
(We do not accept Medicaid)

Initial _____ Date _____

PLEASE SEND COPY OF INSURANCE CARD WITH RECORDS