



Warehouse Medical Referral Form

Warehouse Primary Care & Specialty Clinic, Inc.

117 2nd Ave SE
Cullman, AL 35055

Ph: 256-291-8877

Fax: 256-500-9311

Dr. Celia Fernandez
Dr. Dan Williams
Jessica Jordan, CRNP
Ashley Scoggins, CRNP
Jennifer Turner, CRNP
Lori Henry, CRNP

Patient's Primary Doctor

Physician Name: _____ Clinic: _____
Email Address: _____ Phone: _____
Website URL: _____ Fax: _____
Address: _____

Referring Doctor

Doctor Name: _____ Clinic: _____
Email Address: _____ Phone: _____
Website URL: _____ Fax: _____
Address: _____

Patient Information

Patient Name: _____ DOB: _____
Email Address: _____ Phone: _____
Best Times: _____ OK to Leave Messages? Yes No Yes, at _____

Address: _____

Referral Reason: _____

Insurance Co. _____ Policy #: _____

Phone: _____

Notes: _____

Warehouse Staff Notes: _____

Appt Date / Time: _____

Appt made by: _____ Date: _____

Please include most recent office notes with labs and diagnostic studies, along with demographics page and copies of front and back of insurance cards. If patient requires an insurance referral, please make sure that is included as well.