Timothy Prestley, MD
2201 Jack Warner Parkway
Tuscaloosa, AL 35401
Phone: 205-523-5618 | Fax: 659-210-3460

Please Print Legibly

Date: ____________________

Patent Name: ____ DOB: __________________

Social Security #_____________________ Sex: Male Female

Address: ____ Apt/Lot/Unit #_________

City/State/Zip: ____

Home # ____________________ Cell# ____________________ Work # ____________________

Email: ____________________________________

PCP: _________________________

Please Send Copy of Front & Back of Insurance Card(s)

Insurance (Primary): ____

Insurance (Secondary): ____

Referring Doctor: ____

Phone: ________________ Fax:_________________ Referring Email: _________________________

Referral To (Circle One): Neurology | TMS

Reason for Referral: ____

Please send records and insurance referral (if required) along with this form.
Appointment will not be made until records and insurance referral are received.

FOR INTERNAL USE ONLY **FAXED:** _________________

Appointment Scheduled : _____/______/______ @ _____:______ w Dr. _______________________

Pt Notified ____/_____/______ @ ____:______ by ____