



Dr. Timothy Prestley, MD
Neurology
Fax: (205) 462-7125

Dr. Aftab Khan, MD
Psychiatry | TMS
Fax: (205) 860-6332

2201 Jack Warner Parkway • Tuscaloosa, AL 35401 • Phone: (205) 523-5618

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 • Psychiatry | 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 _____