



**Stereotactic Radiosurgery**  
**Patient Appointment/  
Consultation Request Form**

**CyberKnife®**  
Brookwood Baptist Medical Center  
2010 Brookwood Medical Center Dr., Birmingham, AL 35209  
Phone: (205) 877-2233 • FAX: (205) 877-2283

**TrueBeam®**  
Princeton Baptist Medical Center  
701 Princeton Ave SW, Birmingham, AL 35211  
Phone: (205) 783-3243 • FAX: (205) 783-3095

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**REFERRING PHYSICIAN INFORMATION**

Today's Date:       /       /                                  Referring Physician: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Surgery:    Yes    No   If YES, date:       /       /   Surgeon: \_\_\_\_\_

Description: \_\_\_\_\_

Previous Radiation:    Yes    No   If YES, date:       /       /   Site: \_\_\_\_\_

Where: \_\_\_\_\_

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**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ Sex:    Male    Female

Social Security No: \_\_\_\_\_ DOB:       /       /                                  Day Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

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**INSURANCE INFORMATION**

Please obtain directly from insurance card.

Policyholder Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_