



## CONSULT REQUEST

1130 22nd Street South  
Birmingham, AL 35205  
Phone 205-558-3403 | FAX 205-838-6294  
Website: <http://jcprojectaccess.org/>

Provider Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

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

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: Male Female

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Type of Specialty or Ancillary Care being requested:** \_\_\_\_\_

Reason for Referral & Procedure/Treatment requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*Please be sure to provide**  
(Condensed Version)

- 1.) Physician Referral Order
- 2.) Imaging/Labs/Diagnostics Relevant to Referral
- 3.) Patient Demographic Page

Number of visits requested by referring provider: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to Project Access (205) 838-6294.

**Project Access Use Only:**

Specialist Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Expected Co-pay Fee: \_\_\_\_\_

Interpreter requested: Y N Preferred Language: \_\_\_\_\_

Interpreter confirmation date: \_\_\_\_\_

Patient informed of appointment date, transportation needed (Y/N) and special instructions:

\_\_\_\_\_  
(initial & date)

Special instructions prior to appointment: \_\_\_\_\_

*Project Access is a Population Health Coalition Program of Ascension St. Vincent's Health System and UAB Health. This physician driven, community-wide program is designed to link uninsured and underserved indigent patients to specialty care, diagnostic services, and free or low-cost medication. These services are provided by volunteer physicians and through partnerships with local hospitals and clinics.*