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**AUBURN UNIVERSITY  
AT MONTGOMERY**

**WARHAWK HEALTH SERVICES**

Attn: Taylor Cain  
To: Sonos Imaging From: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pages: 1 pg.  
Phone: \_\_\_\_\_ Date: 5/24/24  
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Comments:

|                                                                                                              |                                                                                                        |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>DR. PAMELA TUCK</b><br>LIC# MD.23723 • DEA# BT7165889<br>470 TAYLOR RD, SUITE 310<br>MONTGOMERY, AL 36117 | <b>AUBURN MONTGOMERY</b><br>WARHAWK HEALTH SERVICES<br>7461 EAST DR, SUITE 102<br>MONTGOMERY, AL 36117 | <b>LINDSEY BARTON, CRNP</b><br>NPI# 1215285879<br><br><b>JOYCE WILLIFORD, CRNP</b><br>NPI# 1154738201 |
| Name <u>Dustin Barton</u> DOB <u>5/30/75</u>                                                                 |                                                                                                        |                                                                                                       |
| Address _____ Date _____                                                                                     |                                                                                                        |                                                                                                       |
| <b>SECURITY FEATURES ON BACK</b>                                                                             |                                                                                                        |                                                                                                       |
| R <u>MRI Left Elbow w/o</u>                                                                                  |                                                                                                        |                                                                                                       |
| DEA# _____ <u>Contrast</u>                                                                                   |                                                                                                        |                                                                                                       |
| Refill NR 1 2 3 4 5 <u>DX: M25.522</u>                                                                       |                                                                                                        |                                                                                                       |
| <u>J. Barton CRNP</u>                                                                                        |                                                                                                        |                                                                                                       |
| Product Selection Permitted _____ Dispense as Written _____                                                  |                                                                                                        |                                                                                                       |

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