



Parker Pavilion
2065 East South Boulevard, Suite 204
Montgomery, Alabama 36116

CONFIRMATION FOR PATIENT REFERRAL

Date: 7/16/2021

Referring Provider: _____

Phone Number: _____ Fax Number: 334-244-3243Patient Name: Matthew Pellegrin DOB: 10-27-80

Appt Date: _____ Appt Time: _____ Scheduled With: _____

☐ This patient has been contacted and is aware of this appointment time and date.☒ Patient has declined appointment.☐ We have received your referral but have not been able to contact the patient.☐ Patient's phone number(s) is not valid.☐ Left a message on voicemail for patient to contact us.☐ No voicemail picked up to leave a message.☐ We do not treat this diagnosis here.☐ Sorry we do not accept patient's insurance.☐ Please contact patient with appointment time and date.☐ Other: _____NOTE: Patient declined appt. He stated that he'll be moving in the next 2 wks.

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Thank you for your referral.

Please contact us if you have any questions, 334-747-7300

Contact name: S. Patterson Phone Number: _____

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUM**AUBURN UNIVERSITY
AT MONTGOMERY****WARHAWK HEALTH SERVICES**

Attn: Dr. Kendrick Scheduling Dept

To:

From: Aum Warhawk Health Services

Fax: (334) 747-7322

Pages: 5 + COVER

Phone:

Date 7/15/21

Re: Matthew Pelligrin

cc:

☐ Urgent

☒ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Comments:

please schedule Appt w/ Dr. Kendrick.

Thank you!

J. Bonfatti, CRNP

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