



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Rehab Associates FROM: AUM
COMPANY: _____ DATE: 12/14/2018
FAX NUMBER: _____ TOTAL PAGES, INCLUDING COVER 2
PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER _____
RE: _____ CC: _____

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: United Healthcare

FROM: AUM

COMPANY:

DATE:

12/14/18

FAX NUMBER:

TOTAL PAGES, INCLUDING COVER

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER

RE:

CC:

☐ URGENT



FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

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REFERRAL

DATE: December 13, 2018

REFERRING PROVIDER: Dr. Melodye M. Harvey, CRNP

REFERRAL TO: Rehab Associates of Montgomery

FOR PATIENT: Nora Alshagaa (DOB—3/16/1984)—Referral is for insurance purposes

Problem Description:

Mrs. Alshagaa presented to the AUM Student Health Center yesterday (12/12/18) and requested a referral to your office. She stated that she was in a motor vehicle crash (11/27/18) that resulted in injury to her left shoulder and cervical spine. After assessment by an orthopedist, Dr. George Walcott, she was instructed to attend physical therapy x 2 weeks. Mrs. Alshagaa's insurance requires a referral from our office to continue her therapy at your office. If you have any further questions about this student, please feel free to contact me. Thanks for your collaboration in order to meet this student's needs.

Sincerely,

A handwritten signature in black ink that reads 'Melodye M. Harvey'. The signature is written in a cursive, flowing style. Below the signature, the text 'Dr. Melodye M. Harvey, CRNP' is printed in a standard serif font.

Dr. Melodye M. Harvey, CRNP

AUBURN UNIVERSITY AT MONTGOMERY

Student Health Services

P.O. Box 244023, Montgomery, AL 36124-4023; 334-244-3281; 334-244-3396

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