

Sep. 13. 2022 10:49AM

No. 6308 P. 1

Center for Advanced Therapy
2029 Normandie Drive
Montgomery, AL 36116
Tel: 334-747-3651
Fax: 334-747-3657



Baptist Medical Center South
2105 East South Boulevard
PO Box 11010
Montgomery, AL 36111-0010
Tel: 334-747-3651
Fax: 334-747-3657

OUTPATIENT REHAB SCHEDULING FORM

DATE: 8/17/22

PATIENT NAME: Jocld Grett DOB: 1/15/85

HOME PHONE: 205-767-6147 ALT PHONE: _____

PHYSICIAN NAME: R. Blackwell CNP

PHONE: 244-3281 FAX: 244-3396

DIAGNOSIS: Lymph RLE

INSURANCE INFORMATION

PRIMARY INSURANCE: BC/BS NO

SECONDARY INSURANCE: _____ SHOW

APPOINTMENT DATE: 9/13/22 at 10:00 pt aware of
clin at 9:40am

THERAPIST: Britteny

COMMENTS: 30 combined per yr

ARE YOU CURRENTLY RECEIVING ANY HOME HEALTH CARE: no

ONSET OF SYMPTOMS 6/1/22

MEDICARE ELIG DATE _____

MEDICARE DISABILITY DATE _____

Thank you for your referral