

SportsMED

Orthopedic Center

Patient: _____

Date: ____/____/____

Will Call for Appointment

Appointment Has Been Made With:

**ORTHOPEDIC
SURGERY:**

**SPINE SURGERY,
NEUROSURGERY, PHYSIATRY,
PAIN MEDICINE:**

H. Cobb Alexander, M.D.

Ryan Aaron, M.D.

Matthew D. Clayton, M.D.

Victor Chin, M.D.

Brett Franklin, M.D.

Sanat Dixit, M.D.

Beatriz Garcia-Cardona, M.D.

Kristina Janssen Donovan, D.O.

Eric W. Janssen, M.D.

Curt Freudenberger, M.D.

Troy A. Layton, M.D.

John D. Johnson, M.D.

Jonathan Ludwig, M.D.

Javier A. Reto, M.D.

Matthew McDonald, M.D.

PODIATRY:

Jack W. Moore, M.D.

Angela L. Hampton, D.P.M.

Matthew Owen, M.D.

Robert Ocampo, D.P.M.

Matthew Sykes, D.O..

Milton W. Sterling II, D.P.M.

John H. Walker, M.D.

Mon. Tues. Wed. Thurs. Fri. Sat.

Date: ____/____/____ Time: _____ AM/PM

LOCATION:

HUNTSVILLE CLINIC

4715 Whitesburg Drive
Huntsville, AL 35802

256-881-5151
256-880-3939 FAX

DECATUR CLINIC

2506 Danville Rd., Ste. 202
Decatur, AL 35603

256-306-0800
256-306-0943 FAX

MADISON CLINIC

33 Hughes Road
Madison, AL 35758

256-464-8200
256-464-8220 FAX

ATHENS CLINIC

22423 Hwy US-72, Ste. A
Athens, AL 35613

256-230-9607
256-230-9609 FAX