



We have recently received your referral request and/or patient documentation. In order for our office to effectively schedule and care for your patient, please fill out this form in its entirety as well as provide the necessary patient information noted below. Please make a note next to any documentation that has already been sent. Please be aware this information is required for an appointment to be made. Please fax this cover sheet and all applicable patient documentation to (601) 815-0471.

Date: _____ Patient Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____ SS#: _____

INSURANCE INFORMATION

Name of Insurance Company: _____ Phone: _____

Policy Number: _____

REFERRING PHYSICIAN/REFERRAL INFORMATION

Name: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____ Zip: _____

Primary Reason for Referral (Please circle one – and ensure that the appropriate labs and records are provided):

Rheumatoid Arthritis-positive RF or anti CCP

Juvenile Rheumatoid-positive RF or anti CCP

Systemic Lupus Erythematosus (SLE)-positive ANA

Scleroderma-positive ANA & records

Mixed Connective Tissue Disease (MCTD)-positive ANA

Sjogren's Syndrome-positive ANA

Polymyositis/Dermatomyositis-elevated CPK or abnormal muscle biopsy

Osteoporosis- abnormal bone density (DEXA), hx of fx

Gout-elevated uric acid or exam showing tophi or crystals in joint fluid

Wegener's Granulomatosis-positive ANCA or biopsy showing granulomas

Bursitis-medical records

Sarcoid-chest x-ray, CT, or positive biopsy, labs & records

Carpal Tunnel Syndrome-medical records

Behcet's syndrome-medical records

Discoid Lupus-medical records

Abnormal ANA-medical records

Raynaud's Phenomenon-medical records

Psoriatic Arthritis-dermatologic confirmation

Ankylosing Spondylitis-medical records, plain x-ray

Vasculitis-elevated ESR/CRP or positive ANCA

Uveitis-ophthalmology referral and office notes

We thank you for the opportunity to treat and care for your patients. Please let us know if you have any further questions.