

Referral Form for Rheumatology

PLEASE FAX this completed form and the documents (listed below) to:
(530) 276-0077 (fax)

Referring Physician

Date (mm/dd/yy):

Referring Physician Name / Facility:

Address:

Phone:

Fax:

NPI Number:

Patient Information:

Patient Name:

Patient DOB (mm/dd/yy):

Patient Contact Number:

Patient Insurance (Primary):

Patient Insurance (Secondary):

Patients PCP:

Rheumatology Referral Details:

Reason for Patient Referral:

Diagnosis:

To ensure timely scheduling, please FAX the following documents:

Copy of patient demographics

Last 3 visit notes

Copy of insurance cards

All pertinent labs/imaging from the last year