OrthoAlabama
Spine & Sports

Patient-Centered Care Begins Here

GENE L. WATTERSON, M.D.
RHEUMATOLOGIST
1801 GADSDEN HIGHWAY
BIRMINGHAM, ALABAMA 35235
PHONE: 205-228-7600
FAX: 205-639-0990

RHEUMATOLOGY REFERRAL REQUEST

Thank you for the following patient referral to our Rheumatologist, Dr. Gene Watterson.

Patient name: _____ DOB: _____

Diagnosis: _____

The following **MUST be received before processing the referral**

If the referring provider is not the PCP, please list PCP name and office phone number:

PCP Name: _____ Phone: _____

Has the patient previously seen rheumatology? ☐ Yes ☐ No

- If yes, include 3 previous Rheumatology notes, recent labs, and imaging that support the referral diagnosis.

Rheumatologist Name: _____ Phone: _____

Please provide the following information required for the patient:

☐ This completed form.

☐ Full patient demographics, including copies of insurance card(s), front and back.

☐ 2-3 PCP office notes, including lab results and imaging that support the referral diagnosis.

Office Only: Still need: _____

☐ 3 Rheumatology office notes, including recent lab results that support the referral diagnosis, if applicable.

Office Only: Still need: _____

☐ If PCP is submitting a referral for another provider/specialist, they must include records from that specialist.

Specialist name: _____ Phone: _____

Specialist name: _____ Phone: _____

Required labs that support the diagnosis i.e. RA, Osteoporosis**, Gout, Lupus, etc.

- Rheumatology labs that are required: ANA with IF A/Titer, Rheumatoid Factor, CCP, CRP, ESR, Uric Acid, etc.
- If patient does not have an established diagnosis, please provide recent routine labs that have already been ordered, we will not be ordering the blood test. Ex. CBC, CMP, BMP, etc.

For Osteoporosis, must fax ***all* bone density reports and supported labs: Vitamin D, Calcium, etc.

We **DO NOT** see the following conditions:

Beçhet's Disease	Dupuytren's Contracture	Lyme Disease	Nonscarring Hair Loss
Bullous Pemphigoid	Gorham's Disease	Mellitus	Vasculitis
Connective Tissue Disease	Interstitial Lung Disease	Mononeuritis Multiplex	

Please fax this information to 205-639-0990. Thank you again for referring your patient.