

[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: _____

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***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:

Behcets Disease	Dupuytrens Contracture	Lyme Disease	Nonscarring hair loss
Bullous Pemphigoid	Gorhams 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.