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Specialists in the Diagnosis and Treatment of Arthritis and Rheumatic Diseases

New Patient Rheumatology Consultation Request

Today's Date: _____

Referring Provider _____ Phone #: _____

UPIN#: _____ NPI#: _____ Tax C#: _____

Patient Name: _____ Date of Birth: _____

Patient SSN: _____ Check Preferred #

Address: _____ Home Phone#: _____

City: _____ Work Phone#: _____

State: _____ Zip: _____ Cell Phone#: _____

Primary Insurance: _____ Group #: _____ ID#: _____

Secondary Insurance: _____ Group #: _____ ID#: _____

Reason for Consultation/Diagnosis: _____

Is this request for a second opinion? Yes No

Is the patient considered to have a new diagnosis of RA? Yes No Unsure

Is this patient experiencing any of the following symptoms? Joint Pain

Joint Swelling Back Pain Fatigue

Preference: Next available Dr. Kelly Cole Dr. Jeffrey Neal

Dr. Alexander Brown Dr. Corey Hatfield

Please attach and fax 1) this form 2) the last six months of all records, including notes, labs, xrays & scans 3) additional information pertaining to the reason for consultation 4) a copy of patient's insurance card to (859) 977-0621.

When the information above is complete and faxed back to our office, we will schedule the appointment. If you have not received an appointment date faxed back within 5 days, please call our office at (859) 254-7000, ext. 240 and ask for Toni, our new-patient coordinator.

Please enter best number and contact person for return fax: _____

Appointment has been scheduled for:

_____ at _____
date time

with _____
physician

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