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Elaine Alexander, MD
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Specialists in the Diagnosis and Treatment of Arthritis and Rheumatic Diseases

Arthritis Center of Lexington New Patient Rheumatology Consultation Request

Today's Date: _____

Referring Provider _____ Phone #: _____
UPIN#: _____ NPI#: _____ Tax #: _____
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 rheumatoid arthritis? Yes No Unsure

Provider Next available Dr. Kelly Cole Dr. Jeffrey Neal
Preference: Dr. Alexander Brown Dr. Corey Hatfield Dr. Elaine Alexander

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) 977-6262. (also have patient bring CD-ROMs of scans, etc) Failing to Provide all Required Information Can Cause a Delay in Patient Referral.

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 7 days, please call our office at (859) 254-7000, ext. 219 Elisha, our New-Patient Coordinator. Once the visit has been completed and the provider has signed off on the note, a copy of the office chart note and lab/diagnostic test results will automatically be faxed to the referring provider and the listed PCP.

Please enter best Name, Fax # & E-mail to return details of appointment to: **Name:** _____
Fax: _____ **Email:** _____

Appointment has been scheduled for:
_____ at _____
date time
with _____
physician

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