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Arthritis & Osteoporosis Consultants of the Carolinas

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CONSULT REQUEST FORM

Healthcare Provider Requesting Consultation:

Name: _____	NPI# _____	
Practice Name: _____	Phone: _____	Fax: _____

Patient information:

Name: _____	DOB: _____
Address: _____	Phone: _____
Insurance Type: _____	Alternate phone# _____

Urgency of referral: Urgent _____ (7 days or less) Semi-urgent _____ (14 days) Routine _____

_____ First Available Physician Specific Physician: _____ Specific Location: _____

May this patient be seen by our Nurse Practitioner or one of our Physician Assistants? Yes: _____ No: _____

Reason for referral: ___ Rheumatoid arthritis ___ Undiagnosed inflammatory arthritis ___ Psoriatic arthritis

___ Ankylosing spondylitis ___ Reiter's syndrome/Reactive Arthritis ___ Osteoarthritis ___ Gout ___ Pseudogout

___ SLE ___ Sjogren's syndrome ___ Scleroderma ___ Raynaud's phenomenon ___ Polymyositis / dermatomyositis

___ Wegener's granulomatosis ___ PMR ___ Temporal arteritis ___ Other type of vasculitis ___ Osteoporosis

Abnormal lab(s) / specify _____

___ Management of immunosuppressive therapy ___ Other condition / specify _____

**PLEASE FAX ALL PERTINENT RECORDS INCLUDING:
COPY OF INSURANCE CARD, OFFICE NOTES, LABS, BONE DENSITY STUDIES AND X-RAY REPORTS TO:
FAX: 980-533-7805**

Please be aware of the following:

We are currently not accepting new patients with primary diagnosis of fibromyalgia
Chronic neck or back pain will be seen by our nurse practitioner or a physician assistant
We currently do not accept new patients with Medicaid or self pay
Notify our office directly if patient is under 18 years of age

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