

Midtown Office  
1918 Randolph Road  
Suite 600  
Charlotte, NC 28207



## Arthritis & Osteoporosis Consultants of the Carolinas

Phone: 704.342.0252  
www.AOCC.MD

Ballantyne Office  
7810 Ballantyne Commons Parkway  
Suite 300  
Charlotte, NC 28277

### 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: _____                 |   |
| 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