

Office Use Only

Dr. Appt _____

Labs Ordered _____

Lab Appt _____

X-Ray Appt _____

LSR _____

Office Use Only

First Call

Second Call

Letter to Referring

Rheumatology Associates, PLLC Consultation Request

Dr. Gary Crump Dr. Janet Leon Dr. Jacquelyn Smith Dr. J.B. Boone Dr. Ben Boone

Robin Hiser, APRN Ashley Maier, APRN Kylee Jones, PA

3430 Newburg Rd., Ste. 250

Louisville, KY 40218

Consultation instructions:

Fax referral form along with information to support diagnosis, ie:
labs, x-rays, office notes, MRI - **reports only** and insurance cards to: **(502) 456-0669**

Questions, please contact the intake
coordinator at (502) 893-3963 option 3

Patient Information

Last Name First Name Middle Initial

Date of Birth (month/day/year)

Address

Social Security Number

City State Zip

Sex Male Female

Home Phone Number (____) _____

Date of referral

Cell Phone Number (____) _____

Pt. Email Address _____

Insurance Company

Group #

ID #

Policy Holder DOB / Name

Secondary Insurance Company

Group #

ID #

Policy Holder DOB / Name

Referring Provider Information

Referring physician name Title (MD, DO) Specialty

Phone Number

Address

Fax Number

City State

Zip Code

Contact Name

DX: _____