TRIANGLE ARTHRITIS & RHEUMATOLOGY ASSOCIATES

3101 John Humphries Wynd
Raleigh, NC 27612
Phone: 919-881-8272 Fax: 919-881-2026

PHYSICIAN REFERRAL FORM

Please fax completed form, current lab results as well as any X-ray reports and most recent notes to 919-881-2026.

PATIENT NAME: _____

DOB: _____

PATIENT PHONE _____

ALTERNATE PHONE _____

PRIMARY INSURANCE _____

SECONDARY INSURANCE _____

REASON FOR CONSULT _____

REFERRING PHYSICIAN _____

OFFICE CONTACT _____

OFFICE PHONE/FAX _____