



General Rheumatology FAX Consult Form
Please complete information below and FAX to (513) 420-8824

Patient Name: _____ **Date of Birth:** _____

Patient Phone Number(s): home _____ work/mobile _____

Referring Physician: _____

NPI# _____ **Medicaid ID#:** _____

Office Address: _____ **City:** _____

Zip: _____ **Phone:(**_____) _____ **Fax: (**_____) _____

_____ pages of records are attached (insurance info, labs, x-ray, office visit notes)

Please include any lab or x-ray reports so that we don't duplicate testing

Scheduling time: Urgent (1-7 days) within 2 wks 2-4 wks 4-6 weeks

Reason For Consultation

Joint pain

Muscle Pain

Rheumatoid Arthritis

Arthritis

Osteoarthritis

Gout/Pseudogout

Positive ANA

Abnormal labs

Positive CCP testing*

Lupus (SLE)

Osteoporosis

Raynaud's

Fibromyalgia

Vasculitis

Sjögren's (dry eye/mouth)

Other: _____

*If this laboratory test is positive, our Early Arthritis Clinic protocol will be followed

-----**Procedures/ Services**-----

DXA (Bone density) scan

Comprehensive Bone Evaluation*

IV bisphosphonate (Boniva/Reclast) therapy

Joint aspiration/injection

* A separate consultation form is available for this service

Thank you for trusting us with the care of your patient. We will be happy to contact the patient and notify your office when we schedule this appointment.

(for internal office use only)

C. J. Alappatt, M.D., F.A.C.P., F.A.C.R.

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Kettering, OH 45429

We scheduled your patient!

Appointment Date/Time:
