

FAX FORM TO 937-813-2637

## Arthritis & Osteoporosis Center Rheumatology Patient Referral Form

Date \_\_\_\_\_

### PATIENT DEMOGRAPHICS

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex:  Male  Female  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Patient Address \_\_\_\_\_  
Patient Insurance \_\_\_\_\_  
Referring Provider \_\_\_\_\_  
Referring Provider Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Person Completing Form \_\_\_\_\_

### REASON FOR VISIT/ REFERRAL

- joint pain localized  widespread joint/muscle pain  swollen joint (s)  
 Abnormal labs:  + ANA  + Rheumatoid Factor (RF)  + CCP Antibody  Elevated Sed Rate/CRP  
Other abnormal labs \_\_\_\_\_  
 Rheumatoid Arthritis  Psoriatic Arthritis  Lupus  Osteoporosis (send DXA/ bone density testing)  
 Gout/Gout Center of Excellence Other reason: \_\_\_\_\_  
 DXA scan and Vertebral Fracture Assessment (VFA) without consultation  
Indication/ICD 10 diagnosis: Asymptomatic menopausal state Z78.0  Osteoporosis M81.0  
Osteopenia M85.8/9 Screening for Osteoporosis Z13.820

this is an urgent referral

**\*\*PLEASE FAX LAST OFFICE VISIT, LABS, RADIOLOGY**

#### Providers:

**Dr. Jessica Murphy**  
**Maria Jones, NP-C**  
**Dr. Chacko Alappatt**  
**Mallory Michna, NP-C**

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