Cary Rheumatology & Arthritis Associates, PA
1720 NW Maynard Rd, Cary, NC 27513
P: 919-344-0180, F: 919-851-1900

New Consult Referral Form

Referral Date _____

Patient Name _____ D.O.B _____

Address_____ City _____ Zip _____

Phone #_____ Email _____

Referring Physician Information

Physician Name _____

Practice Name _____

Phone #_____ Fax #_____ NPI _____

Diagnosis/Reason for Referral _____

_____

✪ *Please send recent lab work, radiology and recent visit note(s) of referring physician.*

⬜ Initial consultation & report (one visit/2nd opinion)

⬜ Initial consultation & report with follow-up for a total number of _____ visits. ✪

Consultant (leave unchecked for earliest visit):

Referring Physician _____**Primary Care Provider** _____

Physician Name _____

Practice Name _____

Phone #_____ Fax #_____ NPI _____

Insurance Information

Primary Medical Insurance _____ Member ID_____

Primary Card Holder _____ Relation_____ DOB _____

Secondary Medical Insurance_____ Member ID_____

Primary Card Holder _____ Relation_____ DOB _____

✪ We participate with Blue Home, State BCBS ,BCBS, Cigna, United Healthcare, Aetna and Medicare, Medicare Advantage plans.

. ✪ Please inform the patient: our office will schedule an appointment within 3 business days after it is reviewed by our providers.
✪ We thank you for your referral and appreciate your support for our practice very much.