CULLMAN REGIONAL | Medical Group

Aesha Singh, MD
1948 Alabama Hwy 157
POB 1, Suite 330, Cullman, AL 35058
Phone: 256-735-5380 Fax: 256-417-4593

RHEUMATOLOGY REFERRAL FORM

Patient name _____ Today's Date_____

DOB_____ Phone _____Cell _____

Address _____ SSN _____

Insurance Carrier _____ Policy # _____

Reason for referral

- ☐ Arthritis
- ☐ Osteoarthritis
- ☐ Gout
- ☐ Lupus or SLE
- ☐ Rheumatoid Arthritis
- ☐ Ankylosing Spondylitis
- ☐ Osteoporosis
- ☐ Vasculitis
- ☐ Other

To expedite scheduling, please provide the following by fax. 256-417-4593

- ☐ This completed form
- ☐ Medical Records related to chief complaint
- ☐ Prior authorization, or if not applicable, a copy of insurance card
- ☐ Most recent office note
- ☐ Pertinent lab/procedure results
- ☐ Imaging

REFERRING PROVIDER

Physician_____ Address/Location _____

Phone _____ Fax _____

Provider Signature _____

Appt. Date and Time_____

Patient notified on_____

Physician offices will be notified when appointment is scheduled.

Please include insurance referral, if required.
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