CULLMAN REGIONAL | Medical Group

Aesha Singh, MD
1930 Alabama Highway 157
Cullman, AL 35058
Phone: (256) 735-5380 FAX: (256) 417-4593

RHEUMATOLOGY REFERRAL FORM

Patient's 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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