

FAX REFERRAL REQUEST
University | Rheumatology Associates



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Referrals can be made by faxing this form or calling the office.

Date: _____ Number of Pages: _____

- Manisha Sharma, M.D. Candice Yuvienco, M.D. Shefali Majmudar, D.O.
 Next Available Physician

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation For: _____

Diagnosis (required): _____

REQUIRED

PATIENT

INFORMATION

- HMO Referral
 Copy of patient insurance card and demographics
 Copy of last chart notes, H&P
 Copy of most recent lab results and imaging studies

*****NOTE: All information is needed to schedule an appointment.

Special instructions: _____

Contact person: _____ Title: _____

Email: _____

Phone: _____ Fax: _____

Appointment Date at URA: _____ Time: _____ Contact Person: _____

Thank you very much for referring your patient to our office!