

R&O RHEUMATOLOGY&OSTEOPOROSIS | services p.c.

1520 South 70th Street, Suite 200
Lincoln, Nebraska 68506
Tel: (402)464-9000 Fax: (402)464-4447
FLS Appointments: Tel: (402) 261-4540
www.rheumatologyandosteoporosis.com

Amy S. Garwood, M.D.
Jennifer R. Elliott, M.D.
Kayla B. Bruss, PA-C
Carley A. Foreman, APRN
Kelsey L. Baxa, APRN
Nicole A. Hansen, PA-C

REFERRAL FORM FOR NEW PATIENTS AT R&O

- 1) **Please complete this form and fax it along with pertinent medical records and a copy of patients insurance card (front & back) to our office at 402-464-4447 or email to newpatient@rheumatologyandosteoporosis.com**
- 2) **Our Providers will review the medical records prior to scheduling. We are most interested in receiving current medication list, clinical notes of most recent office visits, imaging, DXA images and scores and any lab results from the last year or two.**
- 3) **We will contact your patient to schedule an appointment within 5-7 days of receiving the referral and we will let your office know if we are unable to see patient.**
- 4) **If the patient is still in your office, please direct them to our website above to print off new patient paperwork to fill out prior to their appointment.**

Patient Name: _____

DOB: _____ **Sex:** **Male** **Female**

Address: _____

City _____ **State:** _____ **Zip Code:** _____

Phone Number(s): _____ **Email:** _____

Insurance Company: _____ **Insurance ID Number:** _____

Guarantor: _____ **Guarantor DOB:** _____

Reason For Referral: _____

Referring Physician: _____

Referring Physician Organization: _____

Best Name/Number to reach at the Referring Organization: _____

Referral Date: _____