Arthritis & Rheumatology Center, PC
Phone: (770) 284 3150 Fax: (770) 284 3170
www.arcenterpc.com
Roswell / Cumming / Suwanee / Woodstock/ Lawrenceville / Canton / Kennesaw

# RHEUMATOLOGY CONSULTATION REFERRAL FORM

***** If your patient has not heard from us within 2 days of faxing this referral form, Please have the patient call our referral coordinator at 770-284-3150*****

## PATIENT INFORMATION

**PATIENT'S NAME:**_____ **DOB:** _____

**ADDRESS:** _____

**MAIN PHONE #:**_____ **2ND PHONE #:** _____

**INSURANCE COMPANY:**_____ **INSURANCE ID#:** _____

**SELECT PROVIDER:**

- □ **Dr. Jatin Patel (Roswell/Cumming)**
- □ **Dr. Taik Kim (Roswell/Suwanee)**
- □ **Dr. Mehrin Jawaid (Roswell/Cumming)**
- □ **Dr. Ronak Vishnubhai Patel (Canton)**
- □ **Dr. Serene Francis (Roswell/Suwanee)**
- □ **Dr. Naveen Raj (Woodstock)**
- □ **Dr. Samuel Kim (Lawrenceville)**
- □ **Dr. Payal Suthar (Lawrenceville)**
- □ **Dr. Omar Khan (Cumming)**
- □ **Dr. Alexandra Tiliakos (Suwanee)**
- □ **Dr Anil Mankee(Suwanee)**
- □

**LOCATION ADDRESSES**:

**Roswell**: 11731 Pointe Place, Roswell GA 30076
**Suwanee**: 3921 Johns Creek Ct, Suite C, Suwanee, GA 30024
**Canton**: 120 Oakside Ct Suite C, Canton, GA 30114
**Cumming**: 102 Mary Alice Park Rd, Suite 805, Cumming GA 30040
**Woodstock**: 300 Parkbrooke Pl, Suite 170, Woodstock, GA 30189
**Lawrenceville:** 601 Old Norcross Rd, Suite A Lawrenceville GA 30046
**Kennesaw:** 4255 Wade green Rd NW, Suite 925, Kennesaw GA 30144

## REFERRING PHYSICIAN INFORMATION

**PHYSICIAN:** _____

**ADDRESS:** _____

**NPI#:** _____

**PHONE#:**_____ **FAX#:** _____

**CONTACT PERSON:**_____ **CONTACT PHONE/EXT:** _____

_____pages of records are attached (Insurance info, labs, x-ray, office visit notes)
**Please include any lab or x-ray reports so that we don't duplicate testing**

**Reason for Consultation**

- [ ] Joint pain
- [ ] Arthritis
- [ ] Positive ANA
- [ ] Lupus (SLE)
- [ ] Fibromyalgia
- [ ] Muscle Pain
- [ ] Osteoarthritis
- [ ] Abnormal labs
- [ ] Osteoporosis
- [ ] Vasculitis
- [ ] Rheumatoid Arthritis
- [ ] Gout/Pseudogout
- [ ] Positive CCP testing*
- [ ] Raynaud's
- [ ] Sjogren's (dry eye/mouth)

[ ] Other: _____ [ ] Diagnosis: _____

**PLEASE ATTACH MEDICAL RECORDS & INSURANCE CARD. FAX THIS REFFERAL TO 404-509-5424**