# David Riccardi, MD
# Patrick Riccardi, MD

RHEUMATOLOGY

FAX REFERRALS TO

**315-632-0334**

Questions: 315-632-0333

# Referral form

*Please type directly into this form, then print or fax with recent notes, labs, imaging and insurance card attached.*

## PATIENT

Last name | First name | Date of birth (MM/DD/YYYY)

Phone | Language (optional) ☐ Interpreter | Email (optional)

Street address | City | State | ZIP

## INSURANCE

Primary insurance plan | Member ID | Plan referral / authorization #

## REFERRING PROVIDER

Provider name and credentials | NPI (optional) | Practice

Phone | Fax | Office contact

## REASON FOR REFERRAL

- ☐ Inflammatory arthritis (RA, PsA, SpA)
- ☐ Suspected GCA / PMR
- ☐ Gout / crystal arthritis
- ☐ Abnormal serologies (ANA, RF, CCP)
- ☐ Lupus / connective tissue disease
- ☐ Vasculitis
- ☐ Myositis
- ☐ Other (describe below)

Clinical question and pertinent history

Urgency: ☐ Routine ☐ Urgent — please also call 315-632-0333

Attached: ☐ Office notes ☐ Labs ☐ Imaging ☐ Insurance card (front and back)

Completed by | Date



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