



# Wilmington Health

## Rheumatology Osteoporosis Center

### Referral Request

Thank you for referring your patient to the Wilmington Health Rheumatology Osteoporosis Center for evaluation and treatment. Please fax all related medical records and insurance cards along with this form. We will fax a confirmation of the request within three business days. If you prefer to make your referral by phone or have questions, please call 910.815.7421.

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

### Urgency of Request (please check one)

- 1-2 weeks
- Other (please specify) \_\_\_\_\_
- First available

We appreciate the referral. If we can be of additional service or if you have questions or concerns, please call 910.815.7421. If you run out of referral forms, you can download additional forms at <http://www.wilmingtonhealth.com/referring-physicians>.

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## FOR INTERNAL USE

Wilmington Health will fax this form back to your office once an appointment has been confirmed.

**Confirmation: Your patient was contacted and an appointment was confirmed.**

Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_ : \_\_\_\_ (AM/PM)

Wilmington Health on  
Medical Center Drive  
1202 Medical Center Drive  
Wilmington, NC 28401

Phone: 910.815.7421  
Fax: 910.251.5912

[wilmingtonhealth.com](http://wilmingtonhealth.com)