



WILMINGTON HEALTH RHEUMATOLOGY PATIENT REFERRAL FORM

2421 Silver Stream Lane, Wilmington NC, 28401 Office: 910-815-7421 Fax: 910-341-1900

Ronald L George, MD, PHD Jeanne Benfield, PA-C Lawrence Landrigan, PA-C

***** Please include all pertinent clinical notes, lab results, radiology reports,
and demographics including insurance.**

Appointment will not be made without the above mentioned information.

Patient Name: _____ DOB: _____ SSN#: _____

Address: _____ Email Address: _____

Home Phone: _____ Work/Cell Phone: _____

INSURANCE: Primary: _____ Secondary: _____

ID#: _____ ID#: _____

Group#: _____ Group#: _____

Tricare Prime – We require authorization before scheduling.

Carolina Access- NPI#: _____ & Duration: _____

If patient is acutely ill and unstable requiring immediate attention of a rheumatologist, we encourage physicians to call and speak to one of our staff to expedite the evaluation of a sick patient.

PROVIDER REQUESTED: _____

Referring MD/PA-C/FNP: _____

Contact Person: _____ Phone: _____ Fax: _____

Type of referral: (please check below)

Rheumatoid Arthritis Osteoarthritis Osteoporosis Abnormal Labs Vasculitis Gout

Other: _____