



Endocrinology Referral Form for
Khalid Aziz, MD, Endocrinologist
Phone: 910-678-0131; FAX 910-678-0137
1601 Owen Drive, Fayetteville, NC 28304

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Insurance \_\_\_\_\_

Insurance Authorization # \_\_\_\_\_

Referring Physician \_\_\_\_\_ NPI \_\_\_\_\_

Office Contact \_\_\_\_\_ Office Phone \_\_\_\_\_ FAX \_\_\_\_\_

Reason for Referral

- Diabetes Mellitus \_\_\_ Type 1 DM \_\_\_ Type 2 DM \_\_\_ Pre Diabetes \_\_\_ Hypoglycemia
Thyroid \_\_\_ Hypothyroidism \_\_\_ Hyperthyroidism \_\_\_ Abnormal thyroid function tests
\_\_\_ Thyroid nodule \_\_\_ Goiter \_\_\_ Thyroiditis
Parathyroid \_\_\_ Hypercalcemia \_\_\_ Hyperparathyroidism \_\_\_ Hypoparathyroidism
Adrenal \_\_\_ Adrenal Incidentaloma \_\_\_ Adrenal Insufficiency \_\_\_ Cushing Syndrome
\_\_\_ Pheochromocytoma \_\_\_ Primary Hyperaldosteronism
Pituitary \_\_\_ Pituitary adenoma \_\_\_ Hyperprolactinemia \_\_\_ Hypopituitarism
\_\_\_ Diabetes Insipidus \_\_\_ Acromegaly
Bone disorders \_\_\_ Osteoporosis \_\_\_ Osteopenia \_\_\_ Paget disease
Reproductive Endocrinology \_\_\_ Male Hypogonadism \_\_\_ PCOS \_\_\_ Hirsutism
\_\_\_ Congenital Adrenal Hyperplasia

Other \_\_\_\_\_

Remarks \_\_\_\_\_

PLEASE ATTACH A COPY OF PATIENT'S INSURANCE CARDS