

Endocrinology Referral Form for Khalid Aziz, MD, Endocrinologist

Phone: (910) 678-7287

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1601 Owen Drive Fayetteville, NC 28304

Patient Name

Birth Date

Phone

Address

Insurance

Insurance Authorization Number

Referring Physician

NPI

Practice Name

Contact Person

Phone Number

Reason for Referral

Diabetes Mellitus

| | |
|-----------|--------------|
| Type 1 DM | Pre Diabetes |
| Type 2 DM | Hypoglycemia |

Thyroid

| | |
|---------------------------------|----------------|
| Hypothyroidism | Thyroid nodule |
| Hyperthyroidism | Goiter |
| Abnormal thyroid function tests | Thyroiditis |

Parathyroid

| | |
|---------------------|--------------------|
| Hypercalcemia | Hypoparathyroidism |
| Hyperparathyroidism | |

Adrenal

| | |
|-----------------------|----------------------------|
| Adrenal Incidentaloma | Pheochromocytom |
| Adrenal Insufficiency | Primary Hyperaldosteronism |
| Cushing Syndrome | |

Pituitary

| | |
|--------------------|--------------------|
| Pituitary adenoma | Diabetes Insipidus |
| Hyperprolactinemia | Acromegaly |
| Hypopituitarism | |

Bone Disorders

| | |
|--------------|---------------|
| Osteoporosis | Paget disease |
| Osteopenia | |

Reproductive Endocrinology

| | |
|-------------------|-----------|
| Male Hypogonadism | Hirsutism |
| PCOS | |

Other

Congenital Adrenal Hyperplasia

Please List any other conditions and include any special remarks regarding patients:

Documentation to include for scheduling:

Include copy of the patient Insurance Card

Include the last three (3) office notes

Include the last three (3) lab reports

Include the last three (3) imaging reports related to referral

Provide the last eye exam detail to include report if completed outside PCP

Provide the last foot exam detail to include report if completed outside PCP

Fax all documents and this form to 910-678-7287