

SOUTHERN REGIONAL AHEC

PART OF NC AHEC

TO:

Endocrinology Clinic

1601 Owen Drive

Fayetteville, NC 28304

Phone: 910-678-7287

Fax: 910-678-7287

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

Please enter text here:

Referral Urgency

Urgent

Routine

Elective

Documentation to include for scheduling:

Include copy of the patient Insurance Card

Include the last three (3) office notes/lab reports

Prior Authorization Approval

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

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Endocrinology Referral Form for Khalid Aziz, MD,

Endocrinologist

Phone: (910) 678-7287



Fax: (910)-678-7287
1601 Owen Drive Fayetteville, NC 28304

Patient Name:

| | |
|----------------------|---------------------|
| First Name: _____ | Last Name: _____ |
|----------------------|---------------------|

Birth Date:


Phone Number

| | |
|----------|--------------|
| mm/dd/yy | ###-###-#### |
|----------|--------------|

Address:

| | |
|---------------------|--------|
| Street Address: | |
| Street Address # 2: | |
| City | Region |
| Postal/Zip Code | County |

Insurance

| | | |
|---------------------------------|---|---------------|
| Insurance Authorization Number: | | |
| Referring Physician: | NPI Number:  | |
| Practice Name: | Contact Person: | Phone Number: |

Reason for Referral:

| |
|-----------------|
| Describe below: |
|-----------------|

SOUTHERN REGIONAL AHEC

PART OF NC AHEC

| | |
|--|---|
| Diabetes Mellitus Type 1 DM Pre Diabetes Type 2 DM Hypoglycemia | Thyroid Hypothyroidism Thyroid nodule Hyperthyroidism Goiter Abnormal thyroid functions test 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:

Describe Below: