

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**

SOUTHERN REGIONAL AHEC

PART OF NC AHEC

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:

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

Parathyroid		Adrenal	
Hypercalcemia	Hypoparathyroidism	Adrenal Incidentaloma	
Hyperparathyroidism		Pheochromocytom	
		Adrenal Insufficiency	
		Primary Hyperaldosteronism	
		Cushing Syndrome	

Pituitary		Bone Disorders	
Pituitary adenoma	Diabetes Insipidus	Osteporosis	Paget disease
Hyperprolactinemia	Acromegaly	Osteopenia	
Hypopituitarism			

Reproductive Endocrinology		Other	
Male Hypogonadism	Hirsuitism	Congenital Adrenal Hyperplasia	
PCOS			

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

Describe Below: