

You must submit the documents listed below and the completed referral form for the appointment to be scheduled.

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 910-678-7297

Endocrinology Referral Form for Khalid Aziz, MD, Endocrinologist

Phone: (910) 678-7287

Fax: (910) 678-7297

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: