

PATIENT REFERRAL FORM

Patient Name: _____ Date of Birth: _____

Reason for Referral: _____

Please note:

Our specialty focus includes thyroid nodules, thyroid cancer, parathyroid disease, and hyperthyroidism. At this time, we are **not** accepting requests for hypothyroid cases unless patient is currently pregnant.

Name of Referring Physician: _____
Office Telephone Number: _____
Office Fax Number: _____

Please fax the following to our office along with this referral form:

- Demographics and Insurance Information
- Labs—*must have thyroid labs from within the last 12 months but will accept up to 2 years.*
- Radiology Reports:
I-123 uptake scans, I131 Whole body scans, Ultrasound of thyroid, Sestimibi scans,
and others (any other imaging indicating presence/absence of nodules or abnormalities)
- Pathology reports from thyroid/parathyroid/lymph node biopsy
- Pathology reports from thyroid/parathyroid surgery
- Pre op/Post op notes
- Most recent office note with medication list and any other relevant notes

PLEASE FAX TO 941-342-9788 Attention: Erica

Please note: Appointments are **scheduled based on medical necessity with the first available doctor** unless otherwise specified by referring physician