

Arthritis Associates of Kingsport, PLLC
3 Sheridan Square | Kingsport, TN 37660
Phone: 423-392-6840 | Fax: 423-392-6845

NEW PATIENT REFERRAL FORM

We MUST receive the following before referral will be considered:

Rheumatoid Factor
Sed Rate
ANA with IFA
CCP
CRP

Last 3 office notes
Demographic sheet
Insurance card (front & back)
COMPLETED referral form

****The appointment will be faxed to the number provided by your office. We will mail appointment information and new packet to the patient****

Please circle one: Dr. Morris Dr. Abril Dr. Greear

Patient Name: _____ DOB: _____

Address: _____

City, State, Zip: _____ Phone: _____

SSN: _____ Patient Insurance: _____

Insurance ID: _____

Reason for Referral: _____ PCP: _____

Referring Physician: _____ Phone: _____

Contact Person: _____ Fax: _____

Has patient seen another Rheumatologist? _____

If yes, tell us the Rheumatologist name and enclose records: _____