

**UT Rheumatology**

A Department of the University of Tennessee Medical Center

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**★★★PLEASE READ ALL OF THE INFORMATION CAREFULLY SO THAT ALL NECESSARY PAPERWORK IS RECEIVED AND WE CAN GET THE REFERRAL PROCESSED AS QUICKLY AS POSSIBLE. ★★★**

**Referral form completed with demographic sheet, copy of insurance cards, last 3 office notes & any labs or imaging that support the diagnosis. If within UHS Cerner system, referral form only needs to be sent.**

**★★YOU WILL BE CONTACTED BY FAX OR PHONE ONCE APPT IS SCHEDULED★★**

**Referring Physician Information**

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Referred by: \_\_\_\_\_ UHS/UPA provider? \_\_\_\_ (Y) \_\_\_\_ (N)

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Parent's Name (if patient is under18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for referral/clinical question needing answered: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Referral Needed? \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Referral Needed? \_\_\_\_\_

Primary Care Physician (if different from referring Physician): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**UT Rheumatology Only**

Pt to see: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

UTMC – 1932 Alcoa Hwy C550 Knox TN 37920: \_\_\_\_\_ Halls – 1932 Maynardville Pike Knox TN 37938: \_\_\_\_\_