

Rheumatology Referral Request

Reason for Request					
PATIENT INFORMA	TION				
PATIENT INFORMA	TION				
Patient Name			DOB		
Address					
Home Phone			Cell Phone		
Referring Physician					
Office Phone			Office Fax		
ARcare Physician/Locat	ion Requested				
☐ First Available					

So that we may better serve our referring physicians and identify the most acute patients, we kindly request, but do not require, the following lab results be included in Rheumatology consultation requests:

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
- Erythrocyte Sedimentation Rate (ESR)
- Rheumatoid Factor (RF)

- Anti-Cyclic Citrullinated Peptide (CCP)
- C-Reactive Protein (CRP)
- Antinuclear Antibodies with Reflex Titer (ANA) (= or >1:320 for primary diagnosis)

If the above labs are unremarkable but the patient is felt to have an underlying autoimmune process despite normal labs, please have the referring physician contact our rheumatologist via email. Please know that our clinic is not able to perform disability evaluations or functional capacity examinations.

Our Rheumatology Team

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Shelby Hanson, APRN
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Madison Christianson, APRN

Referral In Phone: 870.264.2433

Referral In Fax: 479.271.7764

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Appt Date/Time		
Physician		
Date Patient Notified		
Records Requested		