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RHEUMATOLOGY CONSULT REQUEST FORM

In order to expedite your request, please provide the following information that is required by insurance. You may use this sheet as the fax cover page.

PATIENT NAME: _____ DATE: _____

PATIENT DOB: _____ PATIENT PHONE NO: _____

REQUESTING DOCTOR: _____

DOCTOR'S TEL. NO: _____ FAX: _____

DOCTOR'S SIGNATURE: _____ (signature required)

REASON FOR EVALUATION: _____

PLEASE ATTACH/FAX :

____ PATIENT DEMOGRAPHIC INFORMATION

____ CURRENT MEDICAL INSURANCE

____ MOST RECENT PROGRESS NOTES

____ PERTINENT LABS, XRAYS, OTHER TESTING

We will contact your patient and arrange an appointment time that is convenient for them after the above information has been received. However, if the consult is of an urgent nature, as always, please call me and we will accommodate accordingly.

Thank you for your referrals, please call me directly for any questions, comments, or ways we can continue to improve our service to you and your patients.

- Jeff Jundt MD, FACR

