

PATIENT REFERRAL FORM



CAROLINA ENDOCRINE, P.A.

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Phone: 919-571-3661

Direct referral line: 919-571-3690
Fax: 919-571-3290

Date _____

of pages (including cover) _____

Please include ALL medical records (office notes, labs, radiology, pathology reports, etc.) with the completed referral form. Thank you!

REQUESTING CONSULTATION WITH:

Michael J. Thomas, M.D., Ph.D., ECNU

- Erin Wetherill, PA-C
- Megha Karmalkar, PA-C
- Aaron Burman, PA-C
- No Preference

OFFICE USE: Appointment Date & Time _____
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Referring Provider Medicare Status: PAR <input type="checkbox"/> NON-PAR <input type="checkbox"/> Opted-Out <input type="checkbox"/>

REASON FOR REFERRAL:

- Thyroid Nodule or Goiter: ****Neck ultrasounds can be performed in office at time of visit****
- Osteoporosis/Metabolic Bone Disease
- Thyroid Dysfunction Endocrine Hypertension
- Thyroid Cancer Parathyroid Disorder
- Adrenal Disorder Basic Reproductive Endocrinology
- Pituitary Disorder Other: _____

PATIENT INFORMATION:

Patient Name: _____ Date of Birth: _____

Phone number(s): Check best contact#

Home: _____ Cell: _____

Patient email (portal and reminders): _____

Insurance Provider: (Please include copy of card) _____

REFERRING PROVIDER INFORMATION:

Provider Name: _____ Supervising M.D.: _____

Practice Name: _____

Office Phone: _____ Office Fax: _____

Thank you for choosing Carolina Endocrine, PA. We look forward to assisting in the healthcare needs of your patient. Feel free to contact our office with any questions or concerns.