



Dedri Ivory, MD

## RHEUMATOLOGY REFERRAL FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Provider Must Complete All 5 Sections Below

- DEMOGRAPHICS**  
Attach patient contact info and insurance
- MEDICAL RECORDS**  
Attach relevant medical records
- DIAGNOSTICS**  
Include all relevant LABS and XRAYS
- REFERRING PROVIDER**  
Provider Name: \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_  
Provider Office Contact Person: \_\_\_\_\_
- REFERRAL REASON**
  - Arthritis
  - Joint Pain
  - Muscle Pain
  - Osteoporosis
  - Osteoarthritis
  - Gout / Pseudogout
  - Inflammatory Arthritis 2<sup>nd</sup> to Inflammatory Bowel Disease
  - Other/ Notes: \_\_\_\_\_
  - Positive ANA
  - Abnormal Labs
  - Raynaud's
  - Sjogren's
  - Uveitis or iritis
  - Vasculitis
  - Lupus (SLE)
  - Ankylosing Spondylitis
  - Rheumatoid Arthritis
  - Fibromyalgia
  - Positive CCP/RA Factor
  - Psoriatic Arthritis

### Contact Us!



601-501-6991



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