

Great Lakes Center of Rheumatology

Arthritis, Osteoporosis, and Autoimmune Diseases

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GLCOR Main

4052 Legacy Parkway
Lansing, MI 48910
Phone: 517-272-9700
Fax: 517-272-9706

Referring to:

GLCOR West

4333 W. St. Joe Highway
Lansing, MI 48917
Phone: 517-321-1525
Fax: 517-321-7059

Patient Referral Form

Date: _____ Referring Physician: _____

Address: _____

Phone: _____ Fax: _____

We will consult and treat for Rheumatology related issues ONLY

Patient Name: _____ Sex: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Family Physician: _____

Insurance: Medicare BCBS PHP BCN AETNA Other: _____

WE ARE NOT ACCEPTING PATIENT WITH WORKMANS COMP OR PENDING AUTO RELATED CASES

APPOINTMENT REQUESTED

Urgent

Routine

Reason for consultation, symptoms, diagnosis: _____

***** Please send the last 2 recent office notes, labs, and imaging *****

Once the above patient is scheduled, we will fax you an appointment confirmation