

Idaho Falls Arthritis Clinic
2220 East 25th Street
Idaho Falls, ID 83404
Phone: (208) 542-9080
Fax: (208) 542-9081

Craig D. Scoville, MD, PhD

Rheumatology Consultation Request Form:

Mandatory: Please fill this form out in its entirety and fax or mail this sheet with a copy of the patient's history, labs, imaging reports or any other pertinent information.

We do not accept Medicaid patients

Referring Physician's Name: _____

Phone Number: _____ Fax Number: _____

Physician's Mailing Address: _____

UPIN#: _____ NPI#: _____

➤ **We will need the following information in order to make an appointment for your patient.**

Patient's Name: _____ DOB _____

Patient's Social Security Number: _____

Patient's Phone Number's: Home: _____ Cell: _____

Work: _____

Patient's Mailing Address: _____

Primary Insurance Information: _____

Secondary Insurance Information: _____

***Please include a copy of Insurance cards.**

Reason for your Referral:

Thank you for your Referral!