

Scottsdale Office: 8405 N. Pima Center Parkway Ste 201, Scottsdale AZ 85258

Office: 480-587-6775 Fax: 480-882-5040

Secure Messaging: HHRheum@honorhealth.com**Patient Information**

Name/First _____ Middle _____ Last _____ SSN: ____ - ____ - ____
Date of Birth: ____/____/____ Sex: M | F Patient street address: _____
City: _____ State: _____ ZIP: _____ - _____
Primary Phone Number: (____) _____ - _____ Mobile | Home | Work
Secondary Phone Number: (____) _____ - _____ Mobile | Home | Work
Email address: _____

Insurance Information

Medical Insurance Company Name: _____
Member/Subscriber Identification #: _____ Group #: _____
Medical Insurance Company Address: _____
Relationship of the insurance subscriber to the patient: Self | Parent | Spouse | other: _____
Subscriber: Name/ First _____ Middle _____ Last _____

Referral Indication

- Osteoporosis M81.0 Osteopenia M85.80
 Fragility fracture(s) if Yes, please indicate site _____
 Other: _____

Required Information

Please include the most recent:

- Lab results Relevant x-ray/CT/MRI reports
 Prior DEXA Scan (report and images if/when available) Office visit notes
 Medication List

If DEXA abnormal evaluation by Rheumatologist Yes No**Referring Provider Information**

Physician Name: _____ NPI: _____
Provider Signature: _____ Date: _____
Phone Number: _____ Fax Number: _____

Step 1: Fax this form, along with patient medical documentation (if available)**Step 2:** Our Osteoporosis coordinator will contact the patient to schedule an appointment**Step 3:** You will receive a confirmation of your patients' appointment status