Diabetes & Endocrinology Clinic of GA
Phone: (770) 284 3150, Fax : (770) 284 3170, Referral Fax : (404) 905-5424
Roswell / Cumming / Woodstock/ Lawrenceville/ Johns Creek / Savannah
www.diabetesendoclinic.com

ENDOCRINOLOGY CONSULTATION REFERRAL FORM

If your patient has not heard from us within 1 days of faxing this referral form,
Please have the patient call our referral coordinator at 770-284-3150

PATIENT INFORMATION

PATIENT'S NAME:______________________________ DOB: ______________________

ADDRESS: ____

MAIN PHONE #:______________________ 2ND PHONE #: ______________________

INSURANCE COMPANY:____________________ INSURANCE ID#: ______________________

SELECT PROVIDER

☐ **Dr. Ashly Joseph** (Roswell/Cumming)	☐ **Roswell**: 11731 Pointe Place, Roswell GA 30076
☐ **Dr. Scott Isaacs** (Cumming)	☐ **Cumming**: 102 Mary Alice Park Rd, Suite 801, Cumming GA 30040
☐ **Dr. Hamza Sheikh** (Woodstock)	☐ **Woodstock**: 300 ParkBrooke Place, Suite 170, Woodstock, GA 30189
☐ **Dr. Kent Lyon** (Lawrenceville)	☐ **Lawrenceville**: 601 Old Norcross Rd, Suite A, Lawrenceville, GA 30046
☐ **Dr. Deepthi Rao** (Suwanee / Johns Creek)	☐ **Suwanee / Johns Creek**: 4015, Johns Creek Pkwy, Suwanee GA 30024
☐ **Dr. James Stoever** (Savannah)	☐ **Savannah:** 705 E 70th St, Savannah, GA 31405

REFERRING PHYSICIAN INFORMATION

PHYSICIAN: ____

ADDRESS: ____

NPI#: ____

PHONE#:______________________ FAX#: ______________________

CONTACT PERSON:____________________ CONTACT PHONE/EXT: ______________________

REASON FOR REFERRAL:

☐ Diabetes mellites - type 1 and type 2	☐ Hypercalcemia	☐ Osteoporosis
☐ Hyperthyroidism	☐ Hypocalcemia	☐ Paget's disease
☐ Hypothyroidism	☐ Hyperparathyroidism	☐ Male hypogonadism
☐ Thyroid nodules and cancer	☐ Hypoparathyroidism	☐ Polycystic ovarian syndrome (PCOS)
☐ Adrenal incidentaloma	☐ Pituitary adenomas	☐ Metabolic disorders
☐ Addison's disease	☐ Hypopituitarism	☐ Pre-diabetes
☐ Pheochromocytoma	☐ Cushing's disease	☐ Lipid disorders
☐ Endocrine cancers	☐ Hypertension	☐ Obesity

OTHER, PLEASE TYPE:____

PLEASE ATTACH MEDICAL RECORDS including LABS, SCANS, BIOPSY, ULTRASOUND, HOSPITAL RECORDS & INSURANCE CARD.

FAX THIS REFFERAL TO 404-905-5424