

ARTHRITIS AND OSTEOPOROSIS CENTER OF KY
789 EASTERN BY-PASS STE. 17
RICHMOND, KY 40475
PHONE: 859-623-5500 FAX: 1-833-249-5207
MANSOOR AHMED, M.D

NEW PATIENT CONSULTATION REQUEST

DATE: ___/___/___ REFERRING PHYSICIAN NAME: _____
PHONE: ___/___/___ FAX: ___/___/___ NPI#: _____
PATIENT FIRST NAME: _____ MIDDLE: ___ LAST: _____
DOB: ___/___/___ SSN: ___/___/___
ADDRESS: _____ CITY: _____ ZIP: _____
HOME #: ___/___/___ CELL: ___/___/___
PRIMARY INSURANCE: _____ SECONDARY: _____

REASON FOR REFERRAL/DIAGNOSIS:

I WOULD LIKE TO BE CONTACT WITH APPT. DATE AND TIME:

REFERRAL CLERK NAME: _____ EXT. _____

OFFICE PREFERRED: RICHMOND _____ CORBIN _____ DANVILLE _____
2 Month Wait 3 Month wait 4 Month Wait

Attach the **only** the **last** medical note and most **recent** lab work and x-ray report. Please only send **one patient per fax** as we are in an EMR system. Thank You.

PLEASE NOTE WE DO NOT ACCEPT PASSPORT MEDICAID, HUMANA ARH PPO, AARP HUMANA MEDICARE REPLACEMENT PLAN or UK of any kind.

Richmond Address: 789 Eastern By-pass Ste. 17 Bldg 1 Baptist Regional Medical Center
Corbin Address: 1 Trillium Way, Baptist Regional Medical Center Out patient Clinic
Danville Address: 504 Tenikat St. Danville Ky 40422 Located in the BlueGrass Family and Allergy Clinic