



Sarasota Arthritis Center

Sarasota Arthritis Center

1945 Versailles St
Sarasota, FL 34239
941-365-0770
F 941-954-7613

Bradenton Arthritis Center

6020 SR 70 E, Suite 103
Bradenton, FL 34203
941-567-4021
F 941-567-4024

Venice Arthritis Center

1225 Jacaranda Blvd.
Venice, FL 34292
941-484-4409
F 941-485-3444

REFERRING PROVIDER:	PHONE#: FAX #:
PATIENT NAME:	DATE OF BIRTH (<i>Month/Day/Year</i>):
PATIENT INSURANCE:	POLICY ID#
REASONING FOR VISIT:	NUMBER OF VISITS:

To Whom It May Concern,

I want to refer the patient listed above to your office for a rheumatology consultation.

To provide continuity of care, I have attached the following records prior to the scheduled appointment:

- Office Notes pertaining to the reason for referral
- Laboratory Reports applicable for possible rheumatologic condition
- Reports of imaging or additional testing results that pertain to the referral, such as x-rays, MRI's, CT's, Biopsy reports, or Bone Density reports (DEXA reports to include both the report and graphs)

For questions regarding this notice, feel free to contact our office. Thank you!