RHEUMATOLOGY

Charleston Area Medical Center

Vandalia Health

4610 Kanawha Ave. SW, Suite 301
South Charleston, WV 25309
(304) 720-8701 | Fax: (304) 720-8702

SUZANNE GHARIB, MD / THOMAS HOWARD, MD / MICHAEL ISTFAN, MD / MALEA SMTH, NP

DEMOGRAPHICS

Patient Name: _____ DOB: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email:_____

Home #: _____ Work #: _____ Cell #: _____

Primary Insurance: _____

PLEASE ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD

REFERRING PHYSICIAN INFORMATION

Physician Name: _____ NPI: _____

Mailing Address: _____

Phone: _____ Fax: _____

REASON FOR REFERRAL:_____

_____

_____

❑ Records attached *(pertaining to reason appointment needed-labs, notes, imaging reports)*

APPOINTMENT INFORMATION

Appointment Date/Time: _____ with: _____

Please notify patient of appointment date/time.

39681-G24

Rheumatology_ReferralForm 39681-G24.indd 1 8/22/24 11:45 AM