



Genesis Rheumatology Care Center
2525 Maple Ave., Suite 1
Zanesville, Ohio 43701
Phone: (740) 453-6554
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Genesis Cambridge Specialty Center
61353 Southgate Road, Suite 5.
Cambridge, Ohio 43725
Phone: (740) 421-9240
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Referral

Date: _____

Specific Reason for Referral: _____

Are you referring for Fibromyalgia?

If yes, the following lab results must be included with referral AND at least one of the labs must be abnormal as our office does NOT manage fibromyalgia.

Required Labs

Sedimentation Rate (SED)	C-Reactive Protein (CRP)	Cyclic Citrullinated Peptide (CCP)
Antinuclear antibodies (ANA)	Rheumatoid Factor (RF)	

Patient Information

Name: _____ DOB: _____

Phone: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Referring Provider Information

Name: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

PCP: _____ PCP Phone: _____

Instructions

Please send referral form and the following:

1. Last office note
2. Relevant labs & imaging supporting why patient is being referred to Rheumatology.
3. Photo ID
4. Insurance card(s)
5. Medication List

Patient will need to bring the following to their first appointment:

1. Insurance & Prescription Cards
2. Photo ID
3. Current Medications