Asheville Endocrinology Consultants

L. Elizabeth Bernstein, MD
Richard C. Dodd, MD
V. Rich Marlar, MD
Hilary R. Thomas, MD
Brian C. Cumbie, MD
David A. Hester, MD
T. Creighton Mitchell, MD

750 Alliance Court, Asheville, NC 28806
Telephone: (828) 670-6812 Fax: (828) 670-5703

New Patient Referral Form

Fax To: (828) 667-2198

Referring Physician: _____ Date: _____

Physician Address: _____

Telephone: _____ Fax: _____ For Confirmation

Patient Name: _____ Date of Birth: _____ SS#: _____

Address: _____

Telephone: _____ eMail: _____

Insurance: [ ] Medicare [ ] Medicaid [ ] BlueCross [ ] Cigna Other: _____
*Note-we participate with most insurance companies **EXCEPT** United HealthCare Commercial Plans. We will advise if we do not.

Please Send a Clear Copy of Insurance Card(s)

Diagnosis: [ ] Diabetes Last A1C Results: ____ [ ] Other: _____
[ ] Hypothyroidism [ ] Hyperthyroid (Need Medical Records to Determine Urgency)
[ ] Osteoporosis (Last Bone Density, Vitamin D)

Please Fax Last 2 Office Visits and Last 2 Lab Reports

Thank you for your referral! The patient will be sent a new patient letter and map.

AEC Use: Appointment Date: _____ Time: _____ Physician: _____