



Shanahan Rheumatology & Immunotherapy, PLLC

Wake Med Brier Creek Health Park
10208 Cerny Street, Suite 301
Raleigh, NC 27617
Telephone (919) 405-2040
Fax (919) 405-2266

Referral Form

In order to best serve your patients, SRI will not be scheduling new patients with a waiting time of more than four weeks. Staying within this timeframe will ensure that we evaluate patients with acute needs in a timely manner. Due to ongoing research studies involving patients with Rheumatoid Arthritis, Lupus, Scleroderma, Myositis, Raynaud's, Psoriatic Arthritis/ Ankylosing Spondylitis, and Gout, referrals of these disorders will take precedence.

If you believe that this patient needs to be seen urgently please have your referring doctor email our office manager, Amanda Long at Along@sri-md.com. All emails will be relayed to Dr. Shanahan for review. Emergency needs will always be met.

Please send **Medicare** referrals **only** if they include one of the following diagnoses: Seropositive RA, Gout, Vasculitis, Psoriatic Arthritis/ Ankylosing Spondylitis, Scleroderma, Raynaud's, or Myositis with elevated muscle enzymes.

**Please fax completed form, most recent clinic note, lab results, x-ray reports, and studies to
(919) 405-2266**

Patient Name: _____ Date of Birth: _____

Patient Phone #: _____ Alternate Phone #: _____

Primary Insurance: _____ Secondary Insurance: _____

Reason for Consultation/DX: _____

Referring Provider: _____ Office Contact: _____

Office Phone #: _____ Fax#: _____

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