101 S San Mateo Drive #307
San Mateo, CA 94401
Tax ID: 47-4083009

sanmateo RHEUMATOLOGY, INC

Phone: 650-348-6011
Fax: 650-348-6027
NPI: 1932198793

Michael P Stevens, M.D.

Advanced Therapy for Osteoporosis and Inflammatory Diseases

REFERRAL FORM

Patient Name_____DOB_____Epic MRN_____

Referring Physician_____

Referring MD Contact_____Phone_____Fax_____

Diagnosis_____ TB Screen_____(Date)HBV/HCV Screen_____(Date)

Other Screenings or additional information_____

_____

Please Provide the following:

- Patient Demographics
- Copy of Insurance Card, front and back
- Verification of Benefits Summary (if available)
- Is patient enrolled in manufacturer Rebate Program? Yes____ No____ N/A____
  (If not enrolled, we can enroll them).
- Prior Authorization if required (for initial infusion at our facility only. We will do all subsequent authorizations.)
- Pertinent Labs or other clinical information

Physician Orders

Medication_____Date_____

Dose & Frequency _____

Pre-treatment Medications (if any)_____

Number of previous infusions of this medication (or start date)_____

Other Clinical Information_____

_____

_____

_____

MD Signature