



Complete Endocrinology

2200 S. 40th St., Suite 102
Lincoln, NE 68506
Ph: 402-405-0500 / Fax: 402-405-0505

Patient Referral Form

Diagnosis/Reason for referral: _____

Patient Name: _____ DOB: _____

Patient Phone/Contact: _____

Address: _____

Patient's Insurance: _____

Referring Provider: _____

Thank you for trusting us with the care of your patient. We kindly ask you fax six months of pertinent records along with this form to 402-405-0505.

- *office notes, labs, imaging, current med list, demographic sheet including insurance information.*

We do our best to determine the urgency of referrals **based on the information provided**. If you feel the patient needs to be seen urgently, please indicate this on the referral. Examples of URGENT referrals:

- New diagnosis of Type 1 Diabetes
- Symptomatic Hyperthyroidism
- New diagnosis of Thyroid Cancer
- New diagnosis of Adrenal Insufficiency
- New diagnosis of Pituitary Macroadenoma
- Uncontrolled endocrine conditions while pregnant
- Symptomatic Hyper/Hypocalcemia

We understand that all medical conditions are important to the patient living with their condition. Due to the shortage of endocrine care it is necessary for our physicians to triage patients according to urgency, relative to other referrals we receive from the community.

If the medical condition is urgent, we will call the patient directly to schedule an appointment as soon as possible. All other referrals will be placed on a waiting list and will not be contacted until an appointment becomes available. This could take up to three to nine months. We will notify the referring office by letter if your patient is scheduled or placed on a waiting list.