

**Dr. Husain**

**Rheumatologist**

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**REFERRAL CARD**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_

**Reason for**

**Referral:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How many flares within the last year:** \_\_\_\_\_

\_\_\_\_\_

**SUA level:** \_\_\_\_\_

**Referring Dr:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_