

**NORTH RALEIGH ENDOCRINOLOGY**  
**Alvi Prime Time Clinics PLLC**  
**11009 Ingleside Place, Suite 204, RALEIGH, NC 27614**  
**PHONE: 919-844-6218 FAX: 919-847-5699**

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## Referral Request Form

To: Amit Patel, MD, Valeriya Kirnos, PA-C, Rachel Griffin, PA-C

From: \_\_\_\_\_

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

c/o **NRE Referral Coordinator**

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Date: \_\_\_\_\_

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Fax Number: **919-847-5699**

Sender's **FAX** Number: \_\_\_\_\_

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Sender's **PHONE** Number: \_\_\_\_\_

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### PLEASE PROVIDE THE FOLLOWING INFORMATION:

Demographic Sheet     Insurance     Office Notes     Lab Results     Imaging

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

Patient Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient Main Contact #: \_\_\_\_\_ Patient Mobile #: \_\_\_\_\_

**Routine**     **Urgent (24-48 hours)**

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**THYROID / NODULES**     **DIABETES CONSULT**     **OSTEOPOROSIS**     **CALCIUM DISORDER**  
 **PITUITARY**     **HYPOGONADISM**     **ADRENALS**     **OTHER:**

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### NOTES/REASON FOR CONSULTATION:

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