



Maryland Gout Institute

O: 410-833-0040 F: 410-833-0574

RAPID REFERRAL FORM

****Please fax patient demographic information and last office note to 410-833-0574****
Bolded information below must be filled out

Patient Name: _____ **DOB:** ____/____/____

Address: _____

Primary Phone Number: _____ Home Cell

Insurance: _____

Reason For Referral

Gout Diagnosis and Treatment

Tophi

Other: _____

Additional Remarks: _____

Provider Information

Referring Provider: _____ **Specialty:** _____

Practice Name/Address: _____

Office Phone #: _____ **Fax #:** _____

Provider Signature: _____ **Date:** ____/____/____

All Major Insurances Accepted | Same Day Appointments
Thank you for the referral!