

Where the world comes for answers

In an effort to schedule urgent appointments expeditiously, we have created this form to triage patients in the Rheumatology Clinic. We ask that you fill this out and fax to 617-730-0249. We will do our best to schedule patients as soon as possible based on urgency of presenting symptoms.

Referring:	MD	NP	PA
Referral Provider Name:			
Phone number:			
Patient Name:			
Patient DOB:			
Best phone number to contact family:			
Please summarize any previous workup that has been done and fax relevant clinic notes, labs, and/or diagnostic images:			
Please explain briefly why this visit is urgent:			