SHERIDAN
MEMORIAL HOSPITAL
Rheumatology

1333 West 5th Street, Suite 112 | Sheridan, WY 82801
307.675.4474 | Fax: 307.675.4475
sheridanhospital.org

RHEUMATOLOGY REFERRAL

Referring provider _____

Fax number: _____ **Phone number:** _____

Thank you for referring:
Patient Name _____

DOB _____

Before we can schedule your patient, we require the following additional information.

___ Recent Clinic Notes
___ Reason for Rheumatology Consultation _____
___ Lab Results * indicate if none _____
___ X-Ray Reports * indicate if none _____
___ Demographic Information Sheet

Upon receipt and review of this information, we will contact your patient to schedule an appointment with the next available date.

Please fax the requested information to 307.675.4475

Thank you for your referral.

Benjamin Widener, MD
Rheumatology
Sheridan Memorial Hospital
307.675.4474