

Brooks Mays, MD
 Gail Lowery, MS FNP-BC, CDE
 Olga Izotova, MD
 Debra Parson, NP
 First Available

Patient Information

Last Name	First Name	Middle Initial	Date of Birth (Month / Day / Year)
Address			
City	State	Zip	Home Phone Number
Email Address		Mobile Phone Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Insurance Information*

Please fax copies of the card(s) and insurance authorization if applicable

Carrier	Name of Participant and Date of Birth (If different than patient)	
Policy Number	Participant Number	Issue Date

Referring Provider Information

Referring Provider Name	Office Contact Name	Phone Number	
Address		Fax Number	
City	State	Zip	PCP or Specialty-Specify

Reason for Referral

<input type="checkbox"/> Adrenal insufficiency	<input type="checkbox"/> Graves	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Pituitary adenoma
<input type="checkbox"/> Cushings	<input type="checkbox"/> Hypercalcemia	<input type="checkbox"/> Low cortisol	<input type="checkbox"/> Polycystic ovary syndrome
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Osteopenia	<input type="checkbox"/> Prolactinoma
<input type="checkbox"/> Fracture liaison	<input type="checkbox"/> Hypogonadism	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Thyroid nodule
<input type="checkbox"/> Other: _____			

Complete all fields on the form & fax all related documents (office notes, testing, labs**)

Mays & Lowery 910-235-3423

Izotova & Parsons 910-420-1611

Appointment Date	Time
With Provider	

PLEASE NOTE: Once we have received your referral we will review the information then contact your patient to schedule the new consult appointment. We will fax you as soon as we have the appointment scheduled. A new patient packet will be mailed to your patient.

**Please visit the PMC Website for an up to date list of insurance carriers prior to referring.*