Ambulatory WeCare
Rhode Island Hospital
A Lifespan Partner

RI Hospital Center for Primary Care
& Specialty Medicine
245 Chapman Street, Suite 300
Providence, RI 02905 Phone: 401-444-5280 Fax: 401-444-4480
http://www.lifespan.org/rih/services/ambulatory/

RHEUMATOLOGY CLINIC

MR#

Session Time: Monday Mornings

Patient's Name:
Address:
DOB: Sex:
SS#:
Interpreter Required: Y N Language:
Phone:
Insurance:

Date of Referral:
Requesting Physician:
Address:

Phone:
Fax:

PLEASE REVIEW THE FOLLOWING GUIDELINES
AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL.

Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!

GUIDELINES	To expedite patient care, please follow these guidelines precisely. **Incomplete referrals will be returned and not processed until completed.**
All Referrals	Include patent's last Physical Exam (H&P), progress note for visit that generated referral, current medication list, & pertinent labs

Reason for Referral:

Signature: Print Name: