



Medical Clinic of North Texas
RHEUMATOLOGY

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Rheumatology

Consultation Referral

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Rheumatology

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Fort Worth, Texas 76104
(817) 336-7191
(817) 336-1943(fax)

GENERAL INFORMATION

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Soc. Sec. #: _____

D.O.B.: _____

Weight: _____ Height: _____

Allergies: _____

Sex: Male Female

FROM THE OFFICE OF:

Physician Name: _____

Practice Name/Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

State Lic. #: _____ DEA #: _____

NPI #: _____

Nurse/Key Office Contact: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis:

- Rheumatoid Arthritis (714.0)
- Ankylosing Spondylitis (720.0)
- Psoriatic Arthritis (696.0)
- Lupus (710.0)
- Osteoporosis (733.09)
- Osteoarthritis (715.0)
- Polymyositis (710.4)
- Other: _____

Please Attach a Copy of the Patient's Insurance Card, Pertinent/Last Visit Note, Labs and Imaging Studies.