



Medical Clinic of North Texas  
RHEUMATOLOGY

MCNT.com/HReddy  
(for map, driving directions and physician information)

# Rheumatology

Consultation     Referral

Hima R. Reddy, M.D.  
Rheumatology

909 Ninth Ave., Suite 300  
Fort Worth, Texas 76104  
**(817) 336-7191**  
(817) 820-0240(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:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Rheumatoid Arthritis (714.0)   | <input type="checkbox"/> Lupus (710.0)          | <input type="checkbox"/> Polymyositis (710.4) |
| <input type="checkbox"/> Ankylosing Spondylitis (720.0) | <input type="checkbox"/> Osteoporosis (733.09)  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Psoriatic Arthritis (696.0)    | <input type="checkbox"/> Osteoarthritis (715.0) |   |

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