

# USF DIABETES AND ENDOCRINOLOGY CENTER OSTEOPOROSIS CLINIC REFERRAL FORM (ADULT ENDOCRINOLOGY)



Please fill out this form to ensure your patient is scheduled appropriately.

## PATIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Diagnosis/question to be addressed:

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**REQUIRED** information to be sent with the referral form:

- The most current Bone Mineral Density test results (including the original report generated by DXA scanner)
- All available Additional previous Bone Mineral Density test results
- Any available imaging of the Thoracic and or Lumbar spine, abdomen, or chest (Xray, CT, MRI) – reports are acceptable for the initial visit
- Recent blood work results

**Please indicate if patient has had a recent fracture and/or has been discharged from the hospital for recent fracture (check one):**    YES /    NO

\*If YES, please provide the name/address of the hospital patient has been discharged from.

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## REFERRING PROVIDER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date of referral \_\_\_\_\_

## PLEASE FAX COMPLETED FORM TO:

**USF Diabetes and Endocrinology Center**

USF Health Carol and Frank Morsani Center for Advanced Healthcare  
13330 USF Laurel Dr., 5<sup>th</sup> Floor, Tampa, FL 33612

**Appointments:** 813-821-8011 **Referral Services Fax:** 813-821-8090

**USFHealth**