



CONSULTATION REQUEST

Patient: _____ Phone: _____

- Physician requested:
- 1st Available
 - LEROY A. PACHECO, M.D.
 - JACQUELINE K. DEAN, M.D.
 - SCOTT A STOERNER, M.D

REASON FOR CONSULTATION:

- | | |
|---|---|
| <input type="checkbox"/> Inflammatory Arthritis | <input type="checkbox"/> Autoimmune disease |
| <input type="checkbox"/> Joint pain | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Abnormal lab | <input type="checkbox"/> Other |

Comments:

Please fax or submit with button below.
Consultation with pertinent records and we will be happy to schedule the patient.
This form and other information can be found at www.abqrheum.com.