

RHEUMATOLOGY



**Charleston Area
Medical Center**

 **Vandalia Health**

3100 MacCorkle Ave. SE, Suite 205
Charleston, WV 25304
Phone: (304) 388-2303 | Fax: (304) 388-2390

1401 Hospital Drive, Suite 304
Hurricane, WV 25526
Phone: (304) 388-2303 | Fax: (304) 388-2390

SILERA HOLGUIN BALBUENA, MD | CHARLES MATTHEW JUSTICE, MD* | YAMINI SACHAN, MD*

DEMOGRAPHICS

Patient Name: _____ DOB: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home #: _____ Work #: _____ Cell #: _____

Primary Insurance: _____

PLEASE ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD

REFERRING PHYSICIAN INFORMATION

Physician Name: _____ NPI: _____

Mailing Address: _____

Phone: _____ Fax: _____

REASON FOR REFERRAL: _____

Records attached (*pertaining to reason appointment needed-labs, notes, imaging reports*)

Information in Cerner (*no need to send records-can send referral internal*)

APPOINTMENT INFORMATION

Appointment Date/Time: _____ with: _____

Please notify patient of appointment date/time.

**only at clinic in Teays Valley & Charleston*