



PATIENT ENDOCRINOLOGY REFERRAL BY PHYSICIAN TO :

DINKAR RUPAKULA, MD

Endocrinologist

NOVO ENDOCRINOLOGY

3301 Northland Dr Suite 312, Austin, Texas 78731

Phone: 512-547-5772 Fax: 512-547-5779

www.novoendocrinology.com

When does patient need to be seen? (Check one):

- ☐ ASAP
☐ First Available

***SCHEDULED DATE AND TIME (To be completed by NE*:**

Patient Name: _____ **Date of Birth:** _____

Address: _____

Home phone: _____ **Work:** _____ **Cell:** _____

Insurance: _____

(Please send copy of Insurance card)

Referring physician: _____

Contact Person: _____ **Title:** _____

Contact phone: _____ **Clinic phone :** _____ **Ext:** _____

Reason for Visit: *(Select reason below)*

Diabetes mellites - type 1 & type 2	Hypercalcemia	Osteoporosis
Hyperthyroidism	Hypocalcemia	Paget's disease
Hypothyroidism	Hyperparathyroidism	Male hypogonadism
Thyroid nodules and cancer	Hypoparathyroidism	Polycystic ovarian syndrome (PCOS)
Adrenal incidentaloma	Pituitary adenomas	Metabolic disorders
Addison's disease	Hypopituitarism	Pre-diabetes
Pheochromocytoma	Cushing's disease	Lipid disorders
Endocrine cancers	Hypertension	Obesity

OTHER, Please Add: _____

Notes & Studies to send with Referral: *(Please check the items accompanying this referral.)*

- ☐ Referring note
☐ Updated Medication List
☐ Copy of insurance cards
☐ CT or MRIs related to the appointment within the last year
☐ Labs – within the last year
☐ Biopsy - within the last year
☐ Ultrasounds or Doppler Studies - within the last 6 months
☐ Hospital Records