

**Address:** 8405 N. Pima Center Parkway Ste 201  
Scottsdale, AZ 85258

**Office:** 480-587-6775 **Fax:** 480-882-5040

**Secure Messaging:** [HHRheum@honorhealth.com](mailto:HHRheum@honorhealth.com)

**Patient Information**

Name/First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M | F Patient street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_  
Primary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mobile | Home | Work  
Secondary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mobile | Home | Work  
Email address: \_\_\_\_\_

**Insurance Information**

Medical Insurance Company Name: \_\_\_\_\_  
Member/Subscriber Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Medical Insurance Company Address: \_\_\_\_\_  
Relationship of the insurance subscriber to the patient: Self | Parent | Spouse | other: \_\_\_\_\_  
Subscriber: Name/ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Referral Indication**

- ☐ Osteoporosis ☐ Bone optimization prior to spine surgery  
☐ Osteopenia ☐ Bone optimization prior to orthopedic surgery  
☐ Fragility fracture(s) ☐ Other: \_\_\_\_\_  
☐ Vitamin D deficiency

**Required Information**

- Please include the most recent:
- ☐ Lab results  
☐ DEXA Scan (report and images when available)  
☐ Relevant x-ray/CT/MRI reports  
☐ Office visit notes/ history & physical

**Referring Provider Information**

Referring Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Step 1:** Fax this form, along with patient medical documentation (if available)

**Step 2:** Our Osteoporosis coordinator will contact the patient to schedule an appointment

**Step 3:** You will receive a confirmation of your patients' appointment status