

REFERRAL / CONSULTATION REQUEST

Patient Name: _____ DOB: _____

Primary Phone: _____ Secondary Phone: _____

Insurance: _____ ID# _____

Referring Physician:

Name _____ Address _____

Office Phone: _____ FAX: _____

PALM MEDICAL GROUP NOW OFFERS 2 LOCATIONS:

SOUTHWEST

Next to Southern Hills Hospital
9280 West Sunset, Suite 306
Las Vegas, NV 89148

PHONE: (702) 696-7256

NORTHWEST

Next to Mountain View Hospital
3150 North Tenaya Way, Suite 415
Las Vegas, NV 89128

FAX: (702) 796-7256

Requesting Consultation with: (All Providers available at both locations)

- First Available Endocrinology Appointment (or)**
- Samer Nakhle, MD, FACE, ECNU Endocrinology
- Betsy Palal, MD Endocrinology
- Serena Klugh, MD Endocrinology
- Bijan Ahrari, MD Endocrinology

Specializing in diabetic adolescents (12-18) and adults:

- Elizabeth Hingley, NP-C, CDE Endocrinology

Diagnosis: _____

Our office will contact the patient to schedule an appointment. Please send copies of the following information with your referral:

- Recent provider note indicating reason for referral
- Any pertinent laboratory or radiological studies
- **Copy of insurance cards (Authorization from insurance company if applicable)**

Please remind your patients with diabetes to bring their logs books and glucose meters to their appointment.

FAX REQUEST TO (702) 796-7256

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