

Michael D. Kohen, M.D.

Vinicius Domingues, M.D.

New Patient Referral Form

Please check which Physician and type of referral

- Dr Vincius Domingues – Rheumatology
- Dr Michael Kohen – Rheumatology Allergy

Date: _____

Reason for referral: _____

Referring Provider: _____

Patient Name: _____

DOB: _____

Phone number: _____

Email: _____

Address: _____

Insurance: _____ Secondary: _____

_____ # _____

Please note:

We need the last several months of all office notes, labs, imaging scans. We must have copies of insurance cards, front and back. Once insurance is verified and checked we will call to schedule patient.