

ARIZONA DIABETES & ENDOCRINOLOGY, PLC (AZDE)

3489 S. Mercy Road, Suite 101, Gilbert, AZ 85297 Phone (480) 646-8433 Fax (480) 646-8434 www.azdne.com

Self-Referred Appointment Request Form

In order for us to process your request in a timely manner, **this form must be sent back along with your records to info@azdne.com** (records should include progress notes, lab and imaging results). Due to the high demand for new patient appointments, we are unable to process any forms returned with missing information. Referral is required for all AHCCCS patients before scheduling.

Patient Name: _____ Phone Number: _____

DOB: _____ Gender: _____

Insurance: _____ Primary Care Provider: _____

Reason for seeking care: (circle the corresponding reason)

*** Please note, we do not treat female hormone therapy/replacement***

Pituitary

Thyroid

Diabetes

Adrenal

PCOS

Other: _____

Thank you for considering us for your health care needs,

Arizona Diabetes & Endocrinology