

NEPHROLOGY REFERRAL

Name of Patient: _____ Date: ____/____/____

Best contact numbers for Patient: Home: _____ Cell: _____

Diagnosis(s) & or Question(s) Prompting this referral:

If this is an urgent referral, please check one: Yes No

In order to ensure your patient is scheduled in a timely manner, the following list includes the **required information** our office **must have** to expedite your request:

Current lab results and lab results from 24 months prior (***We must have all BMP, CMP and/or Renal Panel labs to show Creatinine level***)

Referring physician's most current **History & Physical** and **last 3 office notes**.

Current medication list.

Any radiology reports or other pertinent medical information your physician feels will assist in treatment of your patient (***ie: Renal Ultra Sound, Renal Artery Doppler, Echocardiograms, etc...***)

Patient demographics or face sheet (***must include: SSN, DOB, Race/Ethnicity***)

Copy of insurance and Medicare cards

Consults in our office are scheduled highest priority first. We will notify your patient of the appointment time and date once all records have been received and reviewed.

We will also fax to your physician a copy of consult/progress note as soon as patient seen.

We appreciate the opportunity to assist in the care of your patient.

Thank you for your kind referral.

R e f e r r i n g
Physician: _____

R e f e r r i n g

P h y s i c i a n ' s

NPI#: _____

Referring Physicians Phone: _____

Fax: _____

Please FAX all requested information to 417-334-6966