**Kansas Nephrology Physicians, PA**

**New Patient Referral Form**

Referring Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

(**If APRN, PA or Resident, please list supervising physician** )

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Reason for Appointment**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **URGENT**

**Requesting:**

\_\_\_First Available \_\_\_\_Dr. Dennis Ross \_\_\_\_Dr. Kenneth Kovach \_\_\_\_Dr. Jason Taylor \_\_\_Dr. Lisa Weber

\_\_\_\_Dr. Matthew Reed \_\_\_\_Dr. Pierre Souraty \_\_\_ Dr. Bassem Rouphael \_\_\_\_ Dr. Rayane Nassar

**Preferred Location (Circle):**

Arkansas City El Dorado Hays Liberal Ponca City

Chanute Emporia Hutchinson McPherson Wellington

Dodge City Great Bend Kingman Newton Wichita

**Please fax the following information to 316-263-2666.**

\_\_\_ Patient Demographics

\_\_\_ Lab (ie: chemistries (last 6 months), CMP, BMP, Renal Panel, CBC, PTH, Vitamin D levels, Lipid panel, Hgb A1c, thyroid etc.)

\_\_\_ Radiology Reports Pertaining to Appointment (ie: renal sonogram/CT/MRI/DEXA)

\_\_\_ Current Medication List

\_\_\_ Current Office Notes

\_\_\_ Copy of Current Insurance Cards

 (If Insurance Cards are not available, please send Insurance Name, ID number, Group Number,

 Subscriber Name and Claim Mailing Address.)

**NOTE: APPOINTMENTS WILL NOT BE SCHEDULED UNTIL ALL INFORMATION IS RECEIVED**

**You will receive a response from us within 48 hours.**

**Please notify your patient of the appointment** **information.** The patient will receive a new patient packet in the mail prior to their appointment.

Appointment scheduled with : Account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Internal Use Only: Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_