**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. Kenneth Kovach \_\_\_\_Dr. Salam Kadhem \_\_\_Dr. Ana Stark

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

**Preferred Location (Circle):**

Arkansas City Dodge City Great Bend Liberal Ponca City

Chanute El Dorado Hutchinson McPherson Wellington

Derby Emporia Kingman Newton Wichita

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

\_\_\_ Patient Demographics

\_\_\_ Lab (ie: chemistries (last 6 months), CBC, PTH, Vitamin D levels, Lipid panel, Hgb A1c, thyroid)

\_\_\_ 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 *\*\*Patients with no insurance will be required to pay a non-refundable $250 payment prior to scheduling\*\****

**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:\_\_\_\_\_\_\_\_