



## NEW PATIENT REFERRAL FORM

<b>To:</b>	<b>New Patient Coordinator</b>	<b>From:</b>	
<b>Phone:</b>	<b>Toll Free 844-242-9993</b>	<b>Patient Phone No.</b>	(      )
<b>Fax:</b>	<b>423-266-8253</b>	<b>Patient Fax No.</b>	(      )

We appreciate your cooperation and the trust you have placed in our practice. Please forward to our office the most recent patient records and labs. The patient records are needed prior to the scheduled appointment date/time for physician review. We sincerely appreciate your time and cooperation in this process.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MD Specialty: \_\_\_\_\_

Referring MD: \_\_\_\_\_ NPI: \_\_\_\_\_

Referring DX: \_\_\_\_\_ ICD Code (Required) \_\_\_\_\_

Date Patient first seen in your office (Required) \_\_\_\_\_

First available Nephrologist unless otherwise specified: \_\_\_\_\_

(If specific Nephrologist is requested, appointment will depend on the nephrologist availability)

### Medical Records Requested

**(Please check boxes of the included Medical Records & fax to 423-266-8253)**

- |  |  |
|--|--|
| <input type="checkbox"/> Patient Information (demographics) (REQUIRED) | <input type="checkbox"/> Copy of Insurance Card(s) front & back (REQUIRED)         |
| <input type="checkbox"/> Recent history and physical (REQUIRED)        | <input type="checkbox"/> Most recent labs (Last lab results 1-2 yrs. If available) |
| <input type="checkbox"/> Medication List                               | <input type="checkbox"/> Any Diagnostic Testing                                    |

### Nephrology Associates Office Use Only – Do Not Write Below This Line

Appt. with: \_\_\_\_\_  Lyerly Office  Cleveland Office  Ooltewah Office

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_

Paperwork mailed to Patient: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spoke with patient regarding appointment: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Unable to reach patient by phone, appointment scheduled & letter sent via mail. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Faxed appointment to referring office. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_