

KIDNEY PROFESSIONALS OF INDIANA, LLC

Telephone: (317) 660-1379

Fax: (317) 584-8436

Fishers:

St. Vincent Medical Center Northeast
13914 Southeastern Parkway, Suite 301
Fishers, IN 46037

Indianapolis:

NxStage Kidney Care
9101 Wesleyan Rd., Ste. 115
Indianapolis, IN 46268

NEW PATIENT REFERRAL FORM

Please complete **ALL** fields below and fax this form along with the records listed below to (317) 584-8436 or email to records@kidneypros.com from a secure email account.

Once this information is received, we will contact the patient and send your office the appointment details.

COMPLETE ALL OF THIS SECTION	PATIENT'S LAST NAME: _____ FIRST NAME: _____
	DOB: _____ SOCIAL SEC #: _____
	SEX (circle): MALE / FEMALE PRIMARY INSURANCE: _____
	ADDRESS: _____
	HOME #: _____ WORK/CELL: _____
	<u>REFERRED BY:</u>
	TODAY'S DATE: _____ YOUR NAME: _____
	PRACTICE NAME/PHYSICIAN: _____
	ADDRESS: _____
	PHONE #: _____ FAX #: _____
	REASON FOR REFERRAL: _____
	LEVEL OF URGENCY (circle): ASAP 1-2 weeks Next Available
	OFFICE PREFERENCE (circle): Fishers Indianapolis
	PHYSICIAN/NP PREFERENCE (if any): _____ If none, then first available
	PLEASE RETURN THIS FORM WITH ALL RECORDS INDICATED BELOW:
<ul style="list-style-type: none"> ○ Last 3 office notes ○ Last 3-6 months of chemistries, urine studies, CBC ○ Most recent History & Physical ○ Current Medication List ○ Any radiologic studies pertaining to the kidneys ○ Demographic page/face sheet 	

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