



# UNC HEALTH NEPHROLOGY PHYSICIAN REFERRAL FORM

Thank you for choosing UNC Healthcare! We are dedicated to providing quality care for your patient. Please complete this form and fax with accompanying relevant medical records to 984-974-5751. Once a referral and all required records are received, a staff member will review the request and identify the appropriate provider. Next, our scheduling team will call to set up an appointment. Finally, we will fax you the patient’s progress note upon completion of the appointment. Should you need to check to see if an appointment has been made, please call 984-974-5706.

**PLEASE NOTE:** We gather all records prior to contacting the patient to schedule an appointment. Please provide the best contact information for your office should we have additional questions or records requests.

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT SEX:  MALE  FEMALE  UNDEFINED      PATIENT PHONE: \_\_\_\_\_

DIAGNOSIS/REASON FOR REFERRAL: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

REFERRING OFFICE PHONE: \_\_\_\_\_ REFERRING OFFICE FAX: \_\_\_\_\_

DOCUMENTATION REQUIRED: (Please fax or email with this form and check appropriate boxes)

- Patient demographic information
- Last two office visit notes
- Medication list
- Radiological studies pertaining to the kidney
- Front and back of insurance card
- H&P
- 6 months of lab results

**Please fax this form and all accompanying documentation to 984-974-5751**