UNC HEALTH | NEPHROLOGY AND HYPERTENSION
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PHYSICIAN REFERRAL FORM

KIDNEY STONES CLINIC REFERRAL

Thank you for choosing UNC Health! We are dedicated to delivering exceptional care to your patients and greatly appreciate your collaboration in this effort. To ensure your patient receives the highest level of expertise from our specialized clinicians in our Multidisciplinary Kidney Stone Clinic, we kindly ask you to provide specific information that will help us facilitate this process smoothly. For information regarding a nephrology referral for patients with other kidney disorders, please visit our website: (https://www.med.unc.edu/medicine/nephrology-hypertension/patient-care/referrals/). To initiate a referral to one of our specialists, please complete the attached form and fax it, along with any relevant medical records, to the number provided above. Once we receive your referral and accompanying documents, our team will review the request and connect your patient with the most suitable provider. Our scheduling team will then reach out to your patient to arrange an appointment. After your patient's appointment is complete, we will promptly send you the clinic note detailing the results of their visit. If you need to confirm the status of an appointment, please do not hesitate to call us at the number provided above. Thank you for your partnership in providing quality healthcare!

IMPORTANT: We will gather all pertinent medical 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		**Patient Phone**	
Referring Physician			
Referring Office Phone		**Referring Office Fax**	

Diagnosis: _____

Is a 24-hour Litholink available? (If yes, attach a copy.)	Yes	☐	No	☐
Date of Litholink study				
Patient to be seen by one or both?	Nephrology	☐	Urology	☐

Chemical composition of kidney stone: _____

Kidney ultrasound results: _____ Date: _____

CT abdomen results: _____ Date: _____

Other pertinent clinical information: _____

Along with this form, please fax the following documents/information to the fax number provided above:

- Patient demographics
- Front and back of the patient's insurance card
- 24-hour Litholink report
- Laboratory data from the past 6 months (see table below)
- Imaging study reports of CT abdomen or kidney ultrasound
- Current medication list

If your patient needs to be seen urgently, please contact us at 984-974-5706 and one of our nephrologists will be happy to discuss this with you.