

Renal Physicians
Nephrology and Internal Medicine

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Thank you for referring your patient to Renal Physicians. We appreciate your confidence and trust. In order for us to assist in the evaluation of this patient, we request you complete this form and return to us along with any other pertinent records you think might be helpful.

PLEASE PRINT CLEARLY & COMPLETE ENTIRE FORM

Date of request: _____ Physician referring: _____

NPI Number: _____

Telephone: _____ Fax: _____

Reason for referral: _____

What would you like us to do? Evaluate & Treat Render opinion/recommendation

Requested Physician: _____ OK to see another physician? Yes ___ No ___

Patient Name: _____ DOB: _____

SSN: _____

Telephone(H) _____ (W) _____ (C) _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Ins: _____ **Secondary Ins:** _____

Subscriber: _____ Subscriber: _____

Subscriber DOB: _____ Subscriber DOB: _____

ID# _____ ID# _____

Telephone: _____

****We MUST have all pertinent medical records before we schedule the appointment****

Please fax this form to 937-222-1436 along with any and all records pertinent to reason for referral, including blood test (particularly BUN and creatinine), ultrasounds, x-rays, urinalysis, medication list and H&P if available. Dictation from patients visit will be faxed to the referring physician in a timely manner.

FOR OFFICE USE ONLY

Appt Date: _____ Time: _____

Office: _____ Physician: _____

Initials _____