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New Patient Referral Request Nephrology

Phone: (702) 877-1887 | Fax: (702) 877-7141
500 S. Rancho Drive, Ste 12, Las Vegas, NV 89106

Patient Information:

Patient Name: Date referral requested:

Date of Birth: Insurance:

1st Contact Number:

2nd Contact Number:

Referring Provider Information:

Provider Name:

Provider Contact Number: Provider Fax Number:

Reason For Referral:

Time Frame Of Appt Needed () STAT ()2-4 weeks ()Next available

Please include all medical records listed below, if available, to process request faster.

- 1. Two to three most recent physician evaluations (office notes, hospital H&P, etc.)
2. Last three laboratory results related to referral
3. All related imaging reports
4. Patient demographics

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