

Nephrology Referral Form

Thank you for choosing to refer your patient to Kidney Specialists of Southern Nevada (KSOSN). To start the referral process, please complete this form and fax it to our Patient Services Department at **(702) 877-7141**.

- Include all medical records listed below, if available, to expedite the patient scheduling process:
 - Two to three most recent physician evaluations (office notes, hospital H&P, etc.)
 - The last three laboratory results related to the referral
 - All related imaging reports
 - Patient Demographics & all insurance information
 - HMO authorization if required by insurance *Required

Nephrology Consult Reason (Required)

Diagnosis/ICD 10 _____

Referring Provider Information (Required)

Referring Provider _____ Specialty _____

Phone Number _____ Fax Number _____

Contact Name _____

Patient Information (Required)

First & Last Name _____ DOB _____

Home Number _____ Cell Number _____

Address _____

City _____ State _____ Zip _____

Primary Insurance _____ ID # _____

Secondary Insurance _____ ID # _____

Please call our office with any questions at (702) 877-1887.