

Kansas Nephrology Physicians, PA

New Patient Referral Form

Referring Physician: _____ Phone: _____
(If APRN, PA or Resident, please list supervising physician _____)
Address: _____ NPI#: _____
Contact person: _____ Fax: _____

Patient Name: _____ **DOB:** _____

Reason for Appointment: _____

☐ **URGENT**

Requesting:

___ First Available ___ Dr. Dennis Ross ___ Dr. Kenneth Kovach ___ Dr. Jason Taylor ___ Dr. Lisa Weber

___ Dr. Matthew Reed ___ Dr. Pierre Souraty ___ Dr. Bassem Rouphael ___ Dr. Rayane Nassar

Preferred Location (Circle):

Arkansas City	El Dorado	Hays	Liberal	Ponca City
Chanute	Emporia	Hutchinson	McPherson	Wellington
Dodge City	Great Bend	Kingman	Newton	Wichita

Please fax the following information to 316-263-2666.

___ Patient Demographics
___ Lab (ie: chemistries (last 6 months), CBC, PTH, Vitamin D levels, PTH, Lipid panel, Hgb A1c, thyroid)
___ Radiology Reports Pertaining to Appointment (ie: renal sonogram/CT/MRI/DEXA)
___ Current Medication List
___ Current Office Notes
___ Copy of Current Insurance Cards
(If Insurance Cards are not available, please send Insurance Name, ID number, Group Number,
Subscriber Name and Claim Mailing Address.)

NOTE: APPOINTMENTS WILL NOT BE SCHEDULED UNTIL ALL INFORMATION IS RECEIVED

You will receive a response from us within 48 hours.

Please notify your patient of the appointment information. The patient will receive a new patient packet in the mail prior to their appointment.

Appointment scheduled with : _____ Account# _____

Dr. _____ on _____ @ _____

Address: _____

Internal Use Only: _____ Date Received: _____ Date Completed: _____ Initials: _____