



PHONE: 803-252-9907

FAX: 803-252-9906

WEBSITE: www.columbianephrology.com

NEW PATIENT REFERRAL FORM

Please Circle Location:

Columbia Office
121 Park Central Drive
Columbia, SC 29203

Newberry Office
2850 Kinard Street
Newberry, SC 29108

Lugoff/Elgin Office
909 Carolina Drive
Lugoff, SC 29078

Sumter Office
115 North Sumter Street
Sumter, SC 29150

Lexington Office
3630 Sunset Boulevard
West Columbia, SC 29169

PATIENT NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

DOB: _____ SS #: _____

PHONE #: HOME: _____ WORK: _____ CELL: _____

PATIENT'S E-MAIL ADDRESS: _____

PRIMARY INSURANCE: _____ POLICY #: _____

SECONDARY INSURANCE: _____ POLICY #: _____

WE CANNOT SCHEDULE YOUR PATIENT'S APPOINTMENT WITHOUT THIS COMPLETED FORM AND THE BELOW LISTED INFORMATION:

1. Patient's information sheet, copy of patient's insurance card (front and back).
2. Copy of patient's medication list.
3. Any office notes, labs (**BMP & CMP within the last year**) or test results that pertain to the referral to our office.

REASON FOR REFERRAL:

Chronic Kidney Disease
Hypertension
Acute Renal Failure
Other: _____

Renal Artery Stenosis
Proteinuria
Electrolyte Disorder

REFERRING MD: _____

NPI #: _____

UPIN #: _____ Tax ID #: _____

OFFICE CONTACT PERSON: _____

OFFICE PHONE #: _____ FAX #: _____

Please use this for your fax cover sheet and fax back to 252-9906. Thank you.

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