



Nephrology Associates, PC | 129 N Brookmoore Drive | Columbus, MS 39705
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Compassionate Kidney Disease Diagnosis and Treatment
Promoting Quality of Life + Independence

Referral Consult Request

***For EMERGENT PROBLEMS, requesting physicians MUST call our office.
All other requests are considered non-urgent.***

Date: _____

Reason for Consult: _____

Before an appointment will be made, the following information MUST be included with referral:

- Last 3 office notes**
- All lab results**
- Radiology reports**

Patient Information:

Name: _____ Date of Birth: _____ M: F:

Address: _____ Zip: _____

Home Phone: _____ Wk Phone: _____ Cell Phone: _____

Social Security #: _____

Insurance/Billing Information:

Primary Ins.: _____ 2nd Ins.: _____

ID: _____ Grp: _____ ID: _____ Grp: _____

Referring Physician: _____

Office #: _____ Office Fax#: _____

Appt made with: _____ on _____

at _____ in _____.

Lab in our Columbus office on _____ . Lab is open from 9-12 and from 1:30-3:30.

Lab in our Starkville office on _____ . Lab is open from 9-12 and from 1:00-3:00.

Lab in office of patient's choosing 1 week prior to appointment.

PLEASE INFORM THE PATIENT OF THEIR APPOINTMENT