

Referral Form
Adult Hypertension/Nephrology Clinic

To initiate, expedite, and/or coordinate physical referral appointments, call Physician Connection Line.

Please fax all office notes, most recent labs, and imaging reports pertinent to your referral with this completed form to the Physician Connection Line so that we may process your request.

Referring provider: _____ Referral date: _____

Practice name: _____ Office #: _____

Contact person: _____ Fax #: _____

Patient name: _____ SSN: _____ DOB: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Current mailing address: _____

Reason for referral & questions to be answered: _____

Urgency of appointment (please check one):

- URGENT:** Please call (603) 650-5000 and ask to speak with the Nephrologist on call.
- EXPEDITE:** Appointment will be scheduled within 1 month.
- ROUTINE:** Appointment will be scheduled within 3 months.

Most recent Serum Creatinine level: _____ Date of Lab: _____

Most recent Hemoglobin level: _____ Date of Lab: _____

Patient's DHMC MRN # (if available): _____