

# Regional Kidney Care

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Bristol, TN 37620

423-245-6000 - Phone  
423-245-0935 – Fax (Referral Records)

## Referral / New Patient Inquiry

Please complete the following and return along with records via fax to 423-245-0935.

Thank you for your referral.

Date of Referral \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Reason for Referral \_\_\_\_\_ Referring Physician \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name & Extension \_\_\_\_\_

Physician Preference:  First Available  Dr. Ahmad  Dr. Butler

Dr. Poobalasingham  Dr. Saha  Dr. Vu

Office Location:  Kingsport  Bristol

- Please provide the following:
- Last 3 office notes
  - Last year of labs
  - Renal related radiology
  - Insurance Cards & Demographics

**We will call with appointment information after this form and records have been returned.**

**★★★★MEDICAL RECORDS MUST ACCOMPANY THE REFERRAL FORM★★★★**