



Patient Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last (Please Print) First DOB

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Patient Email: \_\_\_\_\_

Language:  English  Spanish  Other \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Preferred DNA Physician: \_\_\_\_\_ OR  First Available Physician

Referring Physician Name: \_\_\_\_\_

Referring Physician/Nurse Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX # for Correspondence: \_\_\_\_\_  
(Please Print First and Last Name)

**REASON FOR REFERRAL** (please check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Abnormal Blood Chemistry/Electrolytes    | <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Nephrolithiasis              |
| <input type="checkbox"/> Abnormal Kidney Imaging                  | <input type="checkbox"/> Edema                  | <input type="checkbox"/> Nephrotic Syndrome           |
| <input type="checkbox"/> Acute Kidney Injury/Acute Kidney Failure | <input type="checkbox"/> Hypertension           | <input type="checkbox"/> Polycystic Kidney Disease    |
| <input type="checkbox"/> Anemia                                   | <input type="checkbox"/> Kidney Transplant      | <input type="checkbox"/> Proteinuria and/or Hematuria |
| <input type="checkbox"/> Other: _____                             |   |   |

**Please complete and fax this CONSULT REQUEST FORM to preferred office location below:**

**PHYSICIAN OFFICE:** With Consult Request Form  
Include 2 most recent progress notes & labs

**PATIENT:** Bring ALL Current Medications,  
ID & insurance card(s)

- |  |                           |                          |
|--|---------------------------|--------------------------|
| <input type="checkbox"/> <b>Carrollton Office</b> 4333 N. Josey Lane, Plaza II, #205, Carrollton, TX 75050 .....             | Appt: <b>214.366.6081</b> | FAX: <b>214.579.6996</b> |
| <input type="checkbox"/> <b>Crowley Office</b> 1005 S. Crowley Rd. #C, Crowley, TX 76036 .....                               | Appt: <b>817.921.2153</b> | FAX: <b>214.579.6993</b> |
| <input type="checkbox"/> <b>Dallas Bishop Office</b> 1150 N. Bishop Ave. #100, Dallas, TX 75208.....                         | Appt: <b>214.366.6460</b> | FAX: <b>214.579.6983</b> |
| <input type="checkbox"/> <b>Dallas Landry Office</b> 411 N. Washington Ave. #7000, Dallas, TX 75246.....                     | Appt: <b>214.366.6285</b> | FAX: <b>214.579.6988</b> |
| <input type="checkbox"/> <b>Dallas North Office</b> 13154 Coit Rd. #100, Dallas, TX 75240.....                               | Appt: <b>214.366.6400</b> | FAX: <b>214.579.6989</b> |
| <input type="checkbox"/> <b>Dallas Transplant Institute (Post Transplant)</b> 3604 Live Oak St. #100, Dallas, TX 75204.....  | Appt: <b>214.366.6300</b> | FAX: <b>214.579.6985</b> |
| <input type="checkbox"/> <b>Dallas Viceroy Office</b> 1420 Viceroy Dr., Dallas, TX 75235 .....                               | Appt: <b>214.366.6081</b> | FAX: <b>214.579.6996</b> |
| <input type="checkbox"/> <b>DeSoto Charlton Office</b> 2651 Bolton Boone Dr., DeSoto, TX 75115 .....                         | Appt: <b>214.579.6550</b> | FAX: <b>214.579.6990</b> |
| <input type="checkbox"/> <b>Fort Worth Office</b> 1250 Eighth Ave. #500, Fort Worth, TX 76104 .....                          | Appt: <b>817.921.2153</b> | FAX: <b>214.579.6993</b> |
| <input type="checkbox"/> <b>Garland Office</b> 530 Clara Barton Blvd., Plaza IV, #150, Garland, TX 75042.....                | Appt: <b>214.579.6700</b> | FAX: <b>214.579.6991</b> |
| <input type="checkbox"/> <b>Grand Prairie Office</b> 4927 Lake Ridge Pkwy. #100, Grand Prairie, TX 75052 .....               | Appt: <b>214.366.6225</b> | FAX: <b>214.579.6984</b> |
| <input type="checkbox"/> <b>Grapevine Office</b> Baylor Medical Plaza II, 2020 State Hwy. 114 #190, Grapevine, TX 76051..... | Appt: <b>214.366.6225</b> | FAX: <b>214.579.6984</b> |
| <input type="checkbox"/> <b>Irving Las Colinas Office</b> 701 Tuscan Dr. #220, Irving, TX 75039.....                         | Appt: <b>214.366.6225</b> | FAX: <b>214.579.6984</b> |
| <input type="checkbox"/> <b>Irving South Office</b> 1625 N. Story Rd. #140, Irving, TX 75061 .....                           | Appt: <b>214.366.6225</b> | FAX: <b>214.579.6984</b> |
| <input type="checkbox"/> <b>Kaufman Office</b> Medical Office Bldg. #1, 874 Hwy. 243 W #116, Kaufman, TX 75142.....          | Appt: <b>214.579.6750</b> | FAX: <b>214.579.6994</b> |
| <input type="checkbox"/> <b>McKinney North Office</b> 5236 W. University Dr. #4450, McKinney, TX 75071 .....                 | Appt: <b>214.643.7650</b> | FAX: <b>214.579.6995</b> |
| <input type="checkbox"/> <b>McKinney South Office</b> 4510 Medical Center Dr. #309, McKinney, TX 75069.....                  | Appt: <b>214.643.7650</b> | FAX: <b>214.579.6995</b> |
| <input type="checkbox"/> <b>Mesquite Office</b> 5308 N. Galloway Ave. #200, Mesquite, TX 75150.....                          | Appt: <b>214.579.6750</b> | FAX: <b>214.579.6994</b> |
| <input type="checkbox"/> <b>Plano Office</b> 4708 Alliance Blvd., Pavilion I, #835, Plano, TX 75093 .....                    | Appt: <b>214.643.7600</b> | FAX: <b>214.579.6992</b> |
| <input type="checkbox"/> <b>Richardson Office</b> 2821 E. President George Bush Hwy. #304, Richardson, TX 75082 .....        | Appt: <b>214.579.6700</b> | FAX: <b>214.579.6991</b> |
| <input type="checkbox"/> <b>Waxahachie Office</b> 2460 N. Interstate Hwy. 35E, Suite 215, Waxahachie, TX 75165.....          | Appt: <b>214.579.6550</b> | FAX: <b>214.579.6990</b> |