



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 #: _____ (Please Print First and Last Name)
FAX # for Correspondence: _____

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"/> Carrollton Office 4221 Medical Pkwy., Bldg. 100 #150, Carrollton, TX 75010 | Appt: 214.366.6081 | FAX: 214.579.6996 |
| <input type="checkbox"/> Crowley Office 1005 S. Crowley Rd. #C, Crowley, TX 76036 | Appt: 817.921.2153 | FAX: 214.579.6993 |
| <input type="checkbox"/> Dallas Bishop Office 1150 N. Bishop Ave. #100, Dallas, TX 75208..... | Appt: 214.366.6460 | FAX: 214.579.6983 |
| <input type="checkbox"/> Dallas Landry Office 411 N. Washington Ave. #7000, Dallas, TX 75246 | Appt: 214.366.6285 | FAX: 214.579.6988 |
| <input type="checkbox"/> Dallas North Office 13154 Coit Rd. #100, Dallas, TX 75240 | Appt: 214.366.6400 | FAX: 214.579.6989 |
| <input type="checkbox"/> Dallas Transplant Institute (Post Transplant) 3604 Live Oak St. #100, Dallas, TX 75204 | Appt: 214.366.6300 | FAX: 214.579.6985 |
| <input type="checkbox"/> Dallas Viceroy Office 1420 Viceroy Dr., Dallas, TX 75235 | Appt: 214.366.6081 | FAX: 214.579.6996 |
| <input type="checkbox"/> DeSoto Charlton Office 2651 Bolton Boone Dr., DeSoto, TX 75115 | Appt: 214.579.6550 | FAX: 214.579.6990 |
| <input type="checkbox"/> Fort Worth Office 1250 Eighth Ave. #500, Fort Worth, TX 76104 | Appt: 817.921.2153 | FAX: 214.579.6993 |
| <input type="checkbox"/> Fort Worth Office 1700 Mistletoe Blvd., Fort Worth, TX 76104 | Appt: 817.923.8050 | FAX: 817.923.8832 |
| <input type="checkbox"/> Frisco Office 5575 Warren Pkwy. #304, Frisco, TX 75034 | Appt: 214.643.7600 | FAX: 214.579.6992 |
| <input type="checkbox"/> Garland Office 700 Walter Reed #310, Garland, TX 75042..... | Appt: 214.579.6700 | FAX: 214.579.6991 |
| <input type="checkbox"/> Grand Prairie Office 4927 Lake Ridge Pkwy. #100, Grand Prairie, TX 75052 | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Grapevine Office Baylor Medical Plaza II, 2020 State Hwy. 114 #190, Grapevine, TX 76051 | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Greenville Office 4400 IH 30 West #300, Greenville, TX 75402 | Appt: 214.579.6750 | FAX: 214.579.6994 |
| <input type="checkbox"/> Irving Las Colinas Office 701 Tuscan Dr. #220, Irving, TX 75039 | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Irving South Office 1625 N. Story Rd. #140, Irving, TX 75061 | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Kaufman Office Medical Office Bldg. #1, 874 Hwy. 243 W #110, Kaufman, TX 75142 | Appt: 214.579.6750 | FAX: 214.579.6994 |
| <input type="checkbox"/> McKinney North Office 5325 W. University Drive, McKinney, TX 75071 | Appt: 214.643.7650 | FAX: 214.579.6995 |
| <input type="checkbox"/> McKinney South Office 4510 Medical Center Dr. #309, McKinney, TX 75069..... | Appt: 214.643.7650 | FAX: 214.579.6995 |
| <input type="checkbox"/> Mesquite Office 5308 N. Galloway Ave. #200, Mesquite, TX 75150 | Appt: 214.579.6750 | FAX: 214.579.6994 |
| <input type="checkbox"/> Plano Office 4701 Old Shepard Place #100, Plano, TX 75093 | Appt: 214.643.7600 | FAX: 214.579.6992 |
| <input type="checkbox"/> Richardson Office 2821 E. President George Bush Hwy. #304, Richardson, TX 75082..... | Appt: 214.579.6700 | FAX: 214.579.6991 |
| <input type="checkbox"/> Southlake Office 925 E. Southlake Blvd. #270, Southlake, TX 76092..... | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Waxahachie Office 2460 N. Interstate Hwy. 35E, #215, Waxahachie, TX 75165 | Appt: 214.579.6550 | FAX: 214.579.6990 |
| <input type="checkbox"/> Weatherford Office 920 Santa Fe, #103, Weatherford, TX 76086 | Appt: 817.923.8050 | FAX: 817.923.8832 |