

PHYSICIAN OFFICE: Include two most recent progress notes and labs with consult request form

Patient Name: _____ / _____ / _____
Last (Please Print) First DOB

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Phone: (____) _____ Cell: (____) _____ Patient Email _____

Language: English Spanish Other _____

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: _____ | | |

Primary Insurance: _____

Policy #: _____

Phone: (____) _____

Preferred DNA Physician: _____ OR First Available Physician

Referring Physician Name: _____

Referring Physician/Nurse Signature: _____

(Please Print First and Last Name)

Phone #: _____ FAX # for Correspondence: _____

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

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| <input type="checkbox"/> Carrollton Office 4323 North Josey Ln. #200, 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 Landry Office 411 N. Washington Ave. #7000, Dallas, TX 75246 | Appt: 214.366.6285 | FAX: 214.579.6988 |
| <input type="checkbox"/> Dallas Methodist Pavilion III Office Methodist Dallas Medical Center, 1411 N. Beckley Ave. #370, Dallas, TX 75203 ... | Appt: 214.366.6460 | FAX: 214.579.6983 |
| <input type="checkbox"/> Dallas North Office 4323 North Josey Ln. #200, Carrollton, TX 75010 | 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. #135, Fort Worth, TX 76104..... | Appt: 817.921.2153 | FAX: 214.579.6993 |
| <input type="checkbox"/> Frisco at The Star Office 3800 Gaylord Pkwy. #910, Frisco, TX 75034..... | Appt: 214.643.7650 | FAX: 214.579.6995 |
| <input type="checkbox"/> Grand Prairie Office 3095 Kingswood Blvd. #20, Grand Prairie, TX 75050 | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Grand Prairie Riverside Office 2740 N. Highway 360 #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 Office 2005 W Park Dr. #200, Irving, TX 75061 | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Kaufman Office 874 Highway 243 West #110, Kaufman, TX 75142 | Appt: 214.579.6750 | FAX: 214.579.6994 |
| <input type="checkbox"/> Keller Office 620 S. Main St. #240, Keller, TX 75248 | Appt: 817.921.2153 | FAX: 214.579.6993 |
| <input type="checkbox"/> Las Colinas Office 701 Tuscan Dr. #220, Irving, TX 75039..... | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> McKinney North Office 5236 W. University Dr. #2000, McKinney, TX 75071..... | Appt: 214.643.7650 | FAX: 214.579.6995 |
| <input type="checkbox"/> McKinney South Office 4510 Medical Center Dr. #210, 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"/> Midlothian Office 979 Don Floyd Dr. #104, Midlothian, TX 76065..... | Appt: 214.579.6550 | FAX: 214.579.6990 |
| <input type="checkbox"/> Plano Office 4701 Old Shepard Pl. #100, Plano, TX 75093..... | Appt: 214.643.7600 | FAX: 214.579.6992 |
| <input type="checkbox"/> Richardson/Garland Office 7150 N. Pres. George Bush Hwy. #204, Garland Medical Plaza, Garland, TX 75044..... | Appt: 214.579.6700 | FAX: 214.579.6991 |
| <input type="checkbox"/> Southlake Office 925 E Southlake Blvd. #100, Southlake, TX 76092 | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> Waxahachie Office 2460 North Interstate Hwy. 35 East #275, Waxahachie, TX 75165 | Appt: 214.579.6550 | FAX: 214.579.6990 |
| <input type="checkbox"/> Weatherford Office 920 Santa Fe #103, Weatherford, TX 76086..... | Appt: 817.921.2153 | FAX: 214.579.6993 |