

**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"/> <b>Carrollton Office</b> 4323 North Josey Ln. #200, Carrollton, TX 75010 .....   | Appt: 214.366.6081 | FAX: 214.579.6996 |
| <input type="checkbox"/> <b>Crowley Office</b> 1005 S. Crowley Rd. #C, Crowley, TX 76036.....   | Appt: 817.921.2153 | FAX: 214.579.6993 |
| <input type="checkbox"/> <b>Dallas Landry Office</b> 411 N. Washington Ave. #7000, Dallas, TX 75246 .....   | Appt: 214.366.6285 | FAX: 214.579.6988 |
| <input type="checkbox"/> <b>Dallas Methodist Pavilion III Office</b> Methodist Dallas Medical Center, 1411 N. Beckley Ave. #370, Dallas, TX 75203 ... | Appt: 214.366.6460 | FAX: 214.579.6983 |
| <input type="checkbox"/> <b>Dallas North Office</b> 4323 North Josey Ln. #200, Carrollton, TX 75010 .....   | Appt: 214.366.6400 | FAX: 214.579.6989 |
| <input type="checkbox"/> <b>Dallas Transplant Institute (Post Transplant )</b> 3604 Live Oak St. #100, Dallas, TX 75204 .....                         | Appt: 214.366.6300 | FAX: 214.579.6985 |
| <input type="checkbox"/> <b>Dallas Viceroy Office</b> 1420 Viceroy Dr., Dallas, TX 75235.....   | Appt: 214.366.6081 | FAX: 214.579.6996 |
| <input type="checkbox"/> <b>DeSoto Charlton Office</b> 2651 Bolton Boone Dr., DeSoto, TX 75115.....   | Appt: 214.579.6550 | FAX: 214.579.6990 |
| <input type="checkbox"/> <b>Fort Worth Office</b> 1250 Eighth Ave. #135, Fort Worth, TX 76104.....  | Appt: 817.921.2153 | FAX: 214.579.6993 |
| <input type="checkbox"/> <b>Frisco at The Star Office</b> 3800 Gaylord Pkwy. #910, Frisco, TX 75034.....  | Appt: 214.643.7650 | FAX: 214.579.6995 |
| <input type="checkbox"/> <b>Grand Prairie Office</b> 3095 Kingswood Blvd. #20, Grand Prairie, TX 75050 .....  | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> <b>Grand Prairie Riverside Office</b> 2740 N. Highway 360 #100, Grand Prairie, TX 75052 .....                                | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> <b>Grapevine Office</b> Baylor Medical Plaza II, 2020 State Hwy. 114 #190, Grapevine, TX 76051.....                          | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> <b>Greenville Office</b> 4400 IH 30 West #300, Greenville, TX 75402 .....  | Appt: 214.579.6750 | FAX: 214.579.6994 |
| <input type="checkbox"/> <b>Irving Office</b> 2005 W Park Dr. #200, Irving, TX 75061 .....  | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> <b>Kaufman Office</b> 874 Highway 243 West #110, Kaufman, TX 75142 .....   | Appt: 214.579.6750 | FAX: 214.579.6994 |
| <input type="checkbox"/> <b>Keller Office</b> 620 S. Main St. #240, Keller, TX 75248 .....  | Appt: 817.921.2153 | FAX: 214.579.6993 |
| <input type="checkbox"/> <b>Las Colinas Office</b> 701 Tuscan Dr. #220, Irving, TX 75039.....   | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> <b>McKinney North Office</b> 5236 W. University Dr. #2000, McKinney, TX 75071.....   | Appt: 214.643.7650 | FAX: 214.579.6995 |
| <input type="checkbox"/> <b>McKinney South Office</b> 4510 Medical Center Dr. #210, McKinney, TX 75069.....   | Appt: 214.643.7650 | FAX: 214.579.6995 |
| <input type="checkbox"/> <b>Mesquite Office</b> 5308 N. Galloway Ave. #200, Mesquite, TX 75150.....   | Appt: 214.579.6750 | FAX: 214.579.6994 |
| <input type="checkbox"/> <b>Midlothian Office</b> 979 Don Floyd Dr. #104, Midlothian, TX 76065.....   | Appt: 214.579.6550 | FAX: 214.579.6990 |
| <input type="checkbox"/> <b>Plano Office</b> 4701 Old Shepard Pl. #100, Plano, TX 75093.....  | Appt: 214.643.7600 | FAX: 214.579.6992 |
| <input type="checkbox"/> <b>Richardson/Garland Office</b> 7150 N. Pres. George Bush Hwy. #204, Garland Medical Plaza, Garland, TX 75044.....          | Appt: 214.579.6700 | FAX: 214.579.6991 |
| <input type="checkbox"/> <b>Southlake Office</b> 925 E Southlake Blvd. #100, Southlake, TX 76092 .....  | Appt: 214.366.6225 | FAX: 214.579.6984 |
| <input type="checkbox"/> <b>Waxahachie Office</b> 2460 North Interstate Hwy. 35 East #275, Waxahachie, TX 75165 .....                                 | Appt: 214.579.6550 | FAX: 214.579.6990 |
| <input type="checkbox"/> <b>Weatherford Office</b> 920 Santa Fe #103, Weatherford, TX 76086.....  | Appt: 817.921.2153 | FAX: 214.579.6993 |

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