



1914 Lelaray Street  
Colorado Springs, CO 80909

Phone: (719)-632-7641  
Fax: (719)-632-2925

## New Patient Referral

Referring Provider: \_\_\_\_\_

Practice Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location Preference: ( ) Colorado Springs Office ( ) Pueblo Office

If the patient's insurance requires a referral, please initiate the request on the patient's behalf. Our scheduling department will contact your patient within 1- 2 business days. If we are unable to schedule your patients or if the patient does not want to schedule at this time, we will notify you. Please contact us with any questions at 719-632-7641 or 866-493-7217.

### Patient Information:

Name: \_\_\_\_\_ Reason/Diagnosis: \_\_\_\_\_

**\*Please attach patient demographic form and insurance card or complete information below\***

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

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### **\*Requested information for appointment\***

- Last 3 clinical notes
- Medication list
- Patient demographic information
- Copy of insurance card(s)
- Last 6 months of kidney related reports
- Last 12 months of lab results (must include CMP or BMP)

**FAX COMPLETED FORM TO 719-632-2925**