

Diplomats of the American Board of Internal Medicine Sub-specialty Board of Nephrology 1914 Lelaray Street Colorado Springs, CO 80909

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

NEW PATIENT REFERRAL

{ } First Available appointment	Referring Provider
{ } Roger Mallory, MD	Practice Name & Address:
{ } Melinda Hockensmith, MD	
<pre>{ } Jesse Flaxenburg, MD</pre>	
{ } Mark Cook, MD	
{ } Derian Lai, DO	Office Contact Person:
{ } Mark Albright, MD	Phone:Fax:Fax:

{ } 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

Address:	
Date of Birth:	
Contact Information:	
Cell Phone:	Other:
Comments:	
Req	uested information for appointment
Patient demographic information	Copy of Insurance card(s)
Last 3 clinic notes	Last 6 months of kidney related reports
Medication List	Last 12 months of lab results (must include CMP or BMP)
FAX CO	MPLETED FORM TO 719-632-2925