

NORTH GEORGIA NEPHROLOGY CONSULTANTS

KIDNEY AND HYPERTENSION CLINIC

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PHYSICIAN REFERRAL FORM

FAX COMPLETED REFERRAL FORM TO 706.227.4086

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone Number: _____

REFERRAL

[] DR. ABID BASHIR

- Hypertension
- Acute Renal Failure
- Chronic Kidney Disease
- Hyperkalemia / Hypokalemia
- Anemia of Chronic Disease
- Renal Artery Stenosis
- Kidney Stone
- Dialysis
- Kidney Transplant Follow-up
- Other: _____

PLEASE SEND MOST RECENT HISTORY, PHYSICAL LAB WORK AND ULTRASOUND

Referring Physician Name: _____

Contact Number: _____ Fax Number: _____

Signature: _____

NPI: _____ Date: _____

Requesting Staff Member Name: _____

Comments: _____