

Ingham Nephrology & Hypertension
Phone 517.485.8217
Fax 517.489.4980

Medical Records Needed for Patient Consultation

To expedite an appointment with one of our Nephrologists, referral scheduling will require the following medical records to be sent.

1. **Two** sets of Bun and Creatinine Levels on different dates. The most current set, and anything prior are acceptable. * If only one set of labs are available please indicate that on the consult form.
2. Renal Ultrasound or abdominal studies.
3. History and Physical and/or last office note
4. Up to date and accurate Medication list
5. Demographic Sheet, including **all insurance information**

If you have any questions, please do not hesitate to call our office.

Thank you for your referral and your assistance in the scheduling process, and we look forward to working with you in the future.

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REASON FOR CONSULT _____

Please include the following medical records along with your patients demographic information, if current records are not available please mark item as N/A. Please include ALL insurance information.

___ 2 sets of BUN/ Creatinine ___ History/Physical ___ Medication List ___ Renal UltraSound

Name _____

DOB _____ M ___ F ___

Address _____ ZipCode _____

Phone _____ Cell _____

Primary Insurance _____ 2nd Insurance _____

Contract# _____ Contract # _____

Group # _____ Group # _____

Subscriber _____ Subscriber _____

DOB _____ DOB _____

Referred by _____ PCP _____

Address _____ Address _____

Phone _____ Phone _____

Fax _____ Fax _____

We schedule consultations with the next available Nephrologist for a timely appointment in our office, requesting a specific provider will lead to a longer wait period for your patient as not all providers have current openings.

Thank you for referring your patient to our office.