

INGHAM NEPHROLOGY & HYPERTENSION

3960 Patient Care Dr Suite 108

Phone 517.485.8217 Fax 517.489.4980

Web Site www.inghamneph.com

FAX #

Referring Doctor

NOTICE TO OFFICES REFERRING TO NEPHROLOGY

Thank you for selecting Ingham Nephrology & Hypertension to assist with your patient's health care,

We appreciate the confidence you have in our office.

You are receiving this notice because all records were not included with your recent referral.

REQUIRED WITH ALL REFERRALS

A Complete Demographic – Patient name, Address, Phone #, Insurance AND Subscriber DOB

A Diagnosis for which you would like the patient to be seen for.

Overseeing Physician if sent by a PA or NP

The most recent H&P or Office Note that includes the current medication list, past medical history, social and family history. (Please do not send more than one)

2 Sets of Renal Chemistry Labs –THE CURRENT ONE MUST BE WITHIN 60 DAYS.

Must Include BUN, Creatinine and GFR. (CMP/BMP)

The labs need to reflect the diagnosis of the referral.

Include a UA if the diagnosis is pertinent.

Renal Ultrasounds if applicable

WE ARE NOT A MCLAREN OFFICE, WE DO NOT HAVE CERNER EHR

We do not get notifications of referrals made in Cerner.

Patients Name _____ DOB _____ Referral Date _____
