HUNTSVILLE Renal Clinic, P.C.

Phone #: 256-533-7676
Fax #: 256-533-3171

New Patient Referral Form

Date of Referral: _____

Reason for Referral: _____

How soon does patient need to be seen: ASAP   First Available Appointment

Schedule with: □ James Smelser, MD □ Larry Walker, MD □ Saad Rahman, MD □ Heather Haley, DO
□ Dr. Syed H. Alam □ First Available

Important Referral Information:
We request the following information in order to schedule an appointment appropriately:
- ☐ Completed Referral Form
- ☐ Patient Demographics
- ☐ Copy of insurance card(s), front and back
- ☐ Your last two office notes.
- ☐ Current Medication List
- ☐ Labs from past 12 months and a **BMP** (within last 30days if referred for lab abnormalities)
- ☐ Blood Pressure Log if referred for blood pressure
- ☐ Imaging from past 6-12 months

Referring Physician Name: _____ **Office Contact:** _____

Office Fax Number: _____ **Office Phone Number:** _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: _____ SSN: _____

Address: _____

City, State, Zip Code: _____

Primary Care Physician: _____

Phone #_____ Fax#_____

Home #: _____ Mobile #: _____ Email Address: _____

Primary Insurance Company: _____ Policy #: _____

Group #: _____   **Prior Authorization Required**: ☐ No   ☐ Yes, Auth # _____

Secondary Insurance Carrier: _____ Policy #: _____

Group #:_____

*****HRC WILL CONTACT THE PATIENT TO SCHEDULE APPOINTMENT <u>AFTER</u>
ALL REQUIRED INFORMATION HAS BEEN RECEIVED

*****Appt Date:_____ Appt Time: _____ Patient Notified: _____