HUNTSVILLE
Renal Clinic, P.C.

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

New Patient Referral Form

Date of Referral: _____ Reason for Referral: _____

Schedule with:
□ James Smelser, MD □ Larry Walker, MD □ Saad Rahman, MD □ Heather Haley, DO
□ Dr. Syed H. Alam, MD □ Dr. Anum Bilal, MD
OR
□ No Preference/First available appointment with any of the above physician

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 Phone Number: _____ Office Fax Number: _____

Office email_____

PATIENT INFORMATION

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

Address: _____ **Primary Care Physician: _____**

City, State, Zip Code: _____ **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 AFTER ALL REQUIRED INFORMATION HAS BEEN RECEIVED**

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

Updated 6/2026