**Nevada Kidney Disease & Hypertension Center**
**Formerly Kantor Nephrology**
NKDHC Central Appointment Scheduling
Phone: 702.732.2438 Fax: 702.732.0487

# New Patient Referral Form

**PATIENT INFORMATION**

*__Name (Last, First, middle initial)__ *DOB Social Security #

*Street address City State ZIP Code

*Primary phone number other phone number E-mail address

*__PCP's Full Name__ Phone# Fax#

*__Referring Full Name__ Phone# Fax#

*__Patient Diagnosis__

__Labs__

*Other

*__Primary Insurance__ Phone#

*ID # *Group#

Ins. Address

*__Secondary Insurance__ Ins Phone#

*ID # *Group#

Ins. Address

If insurance is under someone other than the patient:

*Policy Holder Name DOB: Social Security #

*Relationship to Insured Employers Name

Additional Comments: _____

*Required Fields

## Fax completed form to 702-732-0487

**Office Use Only:**
Dr. # _____ Office: _____
Dr. _____ Appt Date: _____ Appt Time: _____
Follow-Up Appointment Date: _____ Time: _____