



Diplomats of the American Board of Internal Medicine
Sub-Specialty Board of Nephrology

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NEW PATIENT REFERRAL

Referring Provider
Practice Name & Address:
Contact Person:
Phone: Fax:

Colorado Springs Office
Pueblo Office
Alamosa Office

If the patient's insurance requires a referral, please initiate the request on the patient's behalf. Our scheduling department will contact your patient within 1-2 business days.

Patient Information
Name: DOB:
Address:
City: State: Zip:

Contact Information
Home Phone: Cell: Other:
Email:
Comments:

REQUESTED INFORMATION FOR APPOINTMENT

- Patient demographic information
Last 3 clinic notes
Medication list
Copy of patient insurance cards
Last 6 months kidney related radiology reports
Last 12 months lab reports (must include CMP, BMP)

Fax this completed form and requested information to (719) 632-2925.