



kidney specialists, inc.

**New Patient Referral – LANCASTER, PICKERINGTON**  
**(Note: Patients cannot be scheduled without the requested records.)**

123 N Ewing St, Lancaster, OH 43130

Phone: 740-475-0058

**\*Please include the following information with your request:** Patient demographic information, medication list, laboratory studies (especially old creatinine values last 1-2 yrs), X-rays, CT scans, MRI's, recent office notes, any cardiac studies, any information related to renal disease or hypertension.

**Fax information to: 740-475-0069.**

Date of Request: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Prior Authorization Number (if required): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

**Preferred Provider:**

- Michael Falkenhain, M.D.       William Wilmer, M.D.       Joshua Bitter, D.O. (Pickerington only)
- Joseph Tasch, D.O.       First Available Appointment

**Office Use Only:**

Appointment Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Referring Doctor Notified: \_\_\_\_\_ By: \_\_\_\_\_