



kidney specialists, inc.

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

1550 Sheridan Drive, Ste. 103 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)

First Available Appointment

Office Use Only:

Appointment Date: _____ Physician: _____

Referring Doctor Notified: _____ By: _____