



# Remote<sup>™</sup> Renal Care

moving kidney care forward

## REFERRAL FORM

Referring Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

### Reason for consult:

- Chronic Kidney Disease (CKD)/Acute Kidney Injury (AKI)
- Hypertension
- Volume overload (Edema)
- Albuminuria/Proteinuria (Protein in urine)
- Electrolyte abnormality (Na, K, Cl, Ca, Mg, P)
- Anemia of Chronic Disease
- Metabolic Acidosis/Alkalosis
- Hematuria (Blood in urine)
- Kidney stones
- Abnormal kidney imaging
- Kidney Nutrition
- Other: \_\_\_\_\_

### Insurance information:

Primary Insurance: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Member ID: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Member ID: \_\_\_\_\_

**Please send provider notes, labs and/or imaging reports from up to 12 months prior**

Referral form can be faxed to 1-586-204-0125 or emailed to [admin@remoterenal.com](mailto:admin@remoterenal.com)

We accept Medicaid, Medicare, Most major private payors, Debit & Credit card



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1-833-543-6398