NORTH CAROLINA NEPHROLOGY, P.A.

1-877-NCN-NCN9 (1-877-626-6269)
919-977-3501 (Fax)

NEW PATIENT REFERRAL FORM

Please complete ALL fields below. Fax this form along with the records identified below to: **919-977-3501**. Once received, we will contact the patient and send your office the appointment details.

RECORDS TO INCLUDE WITH REFERRAL

Last office visit | 6 months of labs | H&P | Medication List
Insurance Cards | Demographic Page | Radiological studies pertaining to the kidney

REFERRING PROVIDER INFORMATION

Date: _____ Your Name: _____

Physician & Practice Name: _____

Address: _____ Phone #: _____
_____ Fax #: _____

Reason for Referral: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____
First MI Last

Sex: □ Male □ Female □ Undefined Soc Sec #: _____

Preferred Language: _____ Race: _____

Ethnicity: □ Not Hispanic or Latino □ Hispanic or Latino □ Patient Declined

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (preferred) □ Home □ Mobile □ Work
_____ (alternate) □ Home □ Mobile □ Work

Email: _____

PREFERRED OFFICE

PREFERRED PROVIDER: **(if any)** _____

□ 3031 New Bern Ave, Suite 306, Raleigh, NC 27610
□ 3604 Bush Street, 2nd Floor, Raleigh, NC 27609
□ 790 SE Cary Pkwy, Suite 101, Cary, NC 27511
□ 2824 Rogers Rd., Suite 104, Wake Forest, NC 27587
□ 605 Tilghman Dr., Dunn, NC 28334
□ 545 East Market St., Smithfield, NC 27577
□ 916 South Main St., Suite 240, Fuquay, NC 27526
□ 216 N. Bickett Blvd., Suite 5, Louisburg, NC 27549