



Patient Name: DOB: MRN:

Nephrology Clinic, 3001 Broadmoor Blvd. NE, Rio Rancho, NM 87144
Scheduling: (505) 994-7397 **Fax:** (505) 994-7495

External Referral / Consult Request Form

Instruction: The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

- **Patient Demographics & Insurance Information**
 - Include patient name, address, best contact number, insurance name & policy number
- **Contact information for PCP and referring physician**
 - Include address, phone and fax number
- **Consult Request / Referral/PA if required by insurance**
 - What condition or problem are you referring the patient for?
- **Recent Clinic/Progress Notes**
 - Last visit, including what treatments have been done for the condition or problem
- **Recent Diagnostic Reports** (up to 3 months)
 - Laboratory: Pertinent to Disease (Chem 7, etc)
- **Current Medication List**
- **Urgent consultation via phone.** Please call (888) UNM –PALS to discuss this referral

Patient Appointment Status – For SRMC Clinic Use Only

- Appointment has been made with Dr. _____ on _____ at _____ am/pm
- Not able to schedule appointment due to:
 - ___ Incomplete information for referral review
 - Comments:**
 - ___ Patient declined appointment
 - ___ Recommend appointment with the following specialty _____.
 We have forwarded your referral to the above at: _____.

Clinical Reviewer Signature: _____