

## Nephrology Consultation Form

Thank you for choosing the UVA Kidney Center Clinic. Please fax completed form and attachments to 434.244.4502. Patient appointments will be scheduled upon receipt of all requested information.

<b>Reason for referral</b>
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Attach all patient labs and data available from the past 3 to 6 months:

- Chemistry profiles (basic and/or comprehensive, urine studies, CBC, PTH, iron studies, etc.)
- Ultrasound (CT/ MRI) kidney
- Medications
- Clinic notes
- Hospitalization and discharge summaries
- Other pertinent information

Patient name \_\_\_\_\_

Patient DOB \_\_\_\_\_

Referring physician \_\_\_\_\_

Referring physician address \_\_\_\_\_

Referring physician phone \_\_\_\_\_

Referring physician fax \_\_\_\_\_

UVA Department of Medicine / Division of Nephrology

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