Maryland Kidney Group, P.A.

Phone: 443.559.5063 Fax: 443.559.5078

______________ DATE RECEIVED

☐ **Baltimore Office** 6830 Hospital Drive, Suite 204, Baltimore, MD 21237

☐ **Towson Office** 7600 Osler Drive, Suite 111, Towson, MD 21204

☐ **Dundalk Office** 1107 North Point Blvd, Suite 201, Dundalk, MD 21222

☐ **Lutherville Office** Lutherville Personal Physicians, 1734 York road, Lutherville, MD 21093

☐ **Overlea Office** Overlea Personal Physicians, 7602 Belair Road, Baltimore, MD 21237

New Patient Referral Form

The following are required prior to receiving an appointment: Most Recent Office Note, Most Recent Labs (CBC), Medication List, Renal Panel, IPTH, Urinalysis, Spot Urine for protein and creatinine.

*******PATIENTS UNDER 18 SHOULD BE REFERRED TO A PEDIATRIC NEPHROLOGIST*******

REFERRED to ☐ NEXT AVAILABE PROVIDER OR

☐ Khalid Al-Talib, MD ☐ Aiman Shammas, MD ☐ Irfan Shukrullah, MD ☐ Dipti Patel, MD ☐ Edward Bird, PA-C

☐ CONSULT ☐ REFERRAL (*USE MEDICARE DEFINITIONS*) ☐ First Available Appointment ☐ Urgent Appointment (Call the Office)

Reason for the Visit ____________________

PATIENT INFORMATION

Referring Physician's Name ____________ Referring MD Contact ____________

Address ____________ City ____________ State ______ Zip Code ______

Phone ____________ FAX ____________ E-Mail ____________

PATIENT INFORMATION:

Name ____________ DOB ______ Sex ______ SS# ______ Nursing Home ☐ No ☐ Yes

Address ____________ Apt ____ City ____________ State ______ Zip Code ______

Home Phone ______ Cell Phone ______ Work Phone ______ E-Mail ______

Race ______ Language ______ Emergency Contact Name/Phone ____________ / ______

INSURANCE INFORMATION: PLEASE INCLUDE A LEGIBLE COPY OF THE FRONT AND BACK OF ALL INSURANCE CARDS.

Primary Insurance Company ____________________

Insurance ID# ____________ Group # ____________

Authorization required? ☐ No ☐ Yes, Auth # ____________

PLEASE NOTIFY PATIENT OF APPOINTMENT DATE AND TIME

APPT DATE ____________ APPT TIME ____________

PROVIDER ____________ LOCATION ____________

PLEASE FAX COMPLETED FORM TO: 443-559-5078
OR
EMAIL TO: info@marylandkidneygroup.com

Appointments are scheduled within 24 business hours of receiving all required and/or requested records and information.