

# KIDNEY AND HYPERTENSION CARE CENTER, PA

1213 Hermann Dr., Suite 460 Houston, Texas 77004 •Tel: (713) 520-6222 •Fax: (713) 520-6223  
Monday – Friday: 8:00 am to 5:00pm., For after hours support dial our office phone number  
Email: ggarza@kidneyspecialist.org

## DIALYSIS REFERRAL FORM

### PATIENT INFORMATION

Patient Last Name \_\_\_\_\_

Patient First Name \_\_\_\_\_

Patient Middle Initial \_\_\_\_\_

Patient Phone Number: Home: \_\_\_\_\_  
(xxx-xxx-xxxx)

Work: \_\_\_\_\_  
(xxx-xxx-xxxx)

Cell: \_\_\_\_\_  
(xxx-xxx-xxxx)

Date of Birth \_\_\_\_\_  
Month Day Year

Insurance Plan \_\_\_\_\_

Referring Hospital Name \_\_\_\_\_

Dialysis Modality (select one):  Hemo Dialysis  Peritoneal Dialysis  Home Hemo Dialysis

### DIALYSIS UNIT CONTACT INFORMATION

Manager's Name \_\_\_\_\_

Contact Number Tel: \_\_\_\_\_  
(xxx-xxx-xxxx)

Fax: \_\_\_\_\_  
(xxx-xxx-xxxx)

Email: \_\_\_\_\_

### ORDERING PHYSICIAN INFORMATION

Ordering Physician Name \_\_\_\_\_

Practice Name \_\_\_\_\_

PhysicianContact Number

Tel: \_\_\_\_\_  
(xxx-xxx-xxxx)

Fax: \_\_\_\_\_  
(xxx-xxx-xxxx)

## **ADDITIONAL DIALYSIS PLACEMENT INFORMATION**

### **Notes:**