

Nephrology Associates of Tidewater

Patient Referral Request Form

Choose the office that is the best location for your patient and fax directly to that office.

Location	Office	Fax
<input type="checkbox"/> Suffolk (2790 Godwin Blvd., Ste.255)	925-0637	455-6794
<input type="checkbox"/> Norfolk Fort Norfolk Plaza (301 Riverview Ave., Ste. 600)	627-7301	466-8154
<input type="checkbox"/> Chesapeake (300 Medical Pkwy., Ste. 222)	436-5544	466-8773
<input type="checkbox"/> VA Beach (1800 Camelot Dr., Ste. 401)	496-3706	496-3715
<input type="checkbox"/> Norfolk Kempsville (6261 E. Virginia Beach Blvd, Suite 201)	466-9288	466-8123
<input type="checkbox"/> Franklin (1333 Armory Dr.)	562-2848	455-6794
<input type="checkbox"/> Nassawadox E. Shore (9550 Hospital Ave.)	442-9080	466-8123
<input type="checkbox"/> Portsmouth (3640 High Street, Suite 2G)	977-1110	455-6794

Patient Information		
Patient Name		
Address		
City	State	Zip Code
DOB	SSN#	
Phone	Cell	Work
Reason for Referral:		
Physicians Information		
Physicians Name		
Office Contact		
Phone	Fax	Back Line
Insurance Information		
Primary Insurance		
Policy #		
Secondary Insurance		
Policy#		
Scheduling Information		
Referred Physician:	OR	1 st available
We will need the following information faxed with your referral request:		Our Process:
<ul style="list-style-type: none"> • Insurance referral(if required) • Insurance cards • Medical records(to include office notes, labs for at least a year if available, Renal US,PVL or CT if available) • Current medication list 		<ul style="list-style-type: none"> • We will make 3 attempts to reach your patient. • Once appt has been made we will fax back referral form with appt information. • We will call the patient 1 week before appt and mail a new patient packet 30 days before appt.
Thank you for your referral. Your Patient was scheduled with Dr. _____ ___ We are sorry to report to you we were unable to reach your patient.		On _____ at _____