

## Patient Referral

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

DOB \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Referring Dr. \_\_\_\_\_

Fax \_\_\_\_\_ Phone \_\_\_\_\_

Completed By \_\_\_\_\_

Springfield Office

Urbana Office

Huber Heights Office

Please attach with this referral:

- |  |   |
|--|---|
| <input type="checkbox"/> Patient Demographics      | <input type="checkbox"/> Additional Instructions: _____ |
| <input type="checkbox"/> Insurance Cards           | _____   |
| <input type="checkbox"/> Pre Cert # (if needed)    | _____   |
| <input type="checkbox"/> Most Current Labs         | _____   |
| <input type="checkbox"/> Most Current Office Notes | _____   |

Patient Needs To Be Seen: Within One Week / Next Available

*Advanced Nephrology Staff Only:*

Appt. Date \_\_\_\_\_ Appt. Time \_\_\_\_\_ Appt. Location \_\_\_\_\_

Date Faxed to Referring Dr. \_\_\_\_\_ Scheduler: \_\_\_\_\_

**Satellite Office**  
Urbana  
Huber Heights

**DaVita Midwest Dialysis**  
7769 Old Country Ct.  
Huber Heights, Ohio 45424

**DaVita National Trails Dialysis**  
171 S. Tuttle Rd.  
Springfield, Ohio 45505

**DaVita Midwest Dialysis Center Urbana**  
1430 U.S. Highway 36E  
Suite A  
Urbana, Ohio 43078

**Hospital Affiliations**

Springfield Regional Medical Center Mercy Memorial Hospital