



Patient Referral Form

Pt Name: _____

DOB: _____

PLEASE FAX THE FOLLOWING TO: (512) 459-1399

PROVIDERS

- ☐ Dr. Ashvin Baru
- ☐ Dr. David Vadala
- ☐ Dr. Cristian Cipleu
- ☐ Dr. Raymonda El-Khoury
- ☐ Dr. Amsalu Erko
- ☐ Dr. Harry Goss
- ☐ Dr. Peter Hines
- ☐ Dr. Timothy Hines
- ☐ Dr. Ting Chi Lu
- ☐ Dr. Ravi Mididoddi
- ☐ Dr. Alison Miller
- ☐ Dr. Peter Miller
- ☐ Dr. Javier Rodriguez-Sanchez
- ☐ Dr. Yasser Nasser
- ☐ Dr. William Rodriguez
- ☐ Dr. Mark Rosen
- ☐ Dr. Nicholas Rowder
- ☐ Dr. Sujatha Venkatesh
- ☐ Dr. Malavika Vinta
- ☐ Dr. Stephen Wells
- ☐ Dr. Andrew Pelphrey
- ☐ Dr. Monica Guzman-Limon
- ☐ Dr. Vincent Tjia
- ☐ Dr. Tejas Gopal
- ☐ Dr. Youness Hussein

☐ Patient Demographics

☐ Labs:

Basic Chemistry, Urinalysis, 24 hour urine results from the past year.

☐ Imaging:

any ultrasound or CT studies related to renal evaluation

☐ Office Notes: Last 3

☐ Medication List

☐ Problem List

PRIORITY

- ☐ **URGENT** ☐ Next Available ☐ Pt will call

REASON FOR REFERRAL

- ☐ Increased Creatinine Level
- ☐ Low eGFR
- ☐ Chronic Kidney Disease
- ☐ Proteinuria
- ☐ Hematuria
- ☐ Hypertension
- ☐ Glomerulonephritis
- ☐ Abnormal electrolytes
- ☐ Edema
- ☐ Other: _____

LOCATIONS

☐ **North Office:**

4100 Duval Rd., Bldg. 4, Ste. 102
Austin, TX 78759

☐ **Cedar Park Office:**

1720 E. Whitestone Blvd, Ste. A1
Cedar Park, TX. 78613

☐ **Ranch Rd Office:**

15808 RR 620 N
Austin, TX 78717

☐ **West Central Office:**

408 W 45th Street
Austin, TX 78751

☐ **East Central Office:**

3000 N IH-35, Ste. 635
Austin, TX 78705

☐ **South Office:**

321 W Ben White Blvd, Ste. 205
Austin, TX 78704

☐ **Kyle Office:**

134 Elmhurst Drive
Kyle, TX 78640

FOR APPOINTMENTS PLEASE CALL:

512-451-5800