WVU Medicine

# Nephrology Referral

PHONE: **304-598-4855** FAX: **304-285-1884** **PO Box 9165 Morgantown, WV 26506**

Date of Referral: _____/_____/_____

Referring Physician: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Address: _____

Reason for referral: _____

## CLINIC PREFERENCE

- ☐ **Buckhannon (In Person)**
- ☐ **Elkins (In Person or Telemedicine)**
- ☐ **Fairmont (In Person)**
- ☐ **Garrett Co. (MD) (In Person or Telemedicine)**
- ☐ **Grafton (In Person)**
- ☐ **Keyser (In Person)**
- ☐ **Moorefield (In Person)**
- ☐ **Morgantown (In Person)**
- ☐ **Summersville (Telemedicine)**
- ☐ **Sutton (Flatwoods) (In Person)**

## PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: _____/_____/_____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Prefer E-consult: ☐ **Yes** ☐ **No**

## INSURANCE INFORMATION

Insurance Co. Name: _____

Policy ID #: _____ Subscriber's Name: _____

## PATIENT DOCUMENTS

☐ **WVHIN** ☐ **EPIC**

**If not, FAX or MAIL the following:**

- ☐ **Last progress note**
- ☐ **Current and previous labs**
- ☐ **Scans, X-rays, and pathology reports**
- ☐ **Current list of medications**
- ☐ **Copy of insurance/Rx card**