WVU Medicine

Nephrology Referral

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

Date of Referral: _____/_____/_____

Referring Physician: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Address: _____

Reason for referral: _____

CLINIC PREFERENCE

- ☐ **Buckhannon**
- ☐ **Elkins**
- ☐ **Fairmont**
- ☐ **Garrett Co. (MD)**
- ☐ **Grafton**
- ☐ **Keyser**
- ☐ **Moorefield**
- ☐ **Morgantown**
- ☐ **Morgantown (Metabolic Kidney Stone)**
- ☐ **Summersville**
- ☐ **Sutton (Flatwoods)**
- ☐ **E-consult**

E-consults are where the specialist will review the patient's record and provide a written note with recommendations for evaluation and treatment of your patient. Medicare requires providers to obtain verbal consent from the patient for an E-consult.

PATIENT INFORMATION

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

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

Address: _____

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

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**