



THE NEPHROLOGY GROUP, INC

COMPREHENSIVE KIDNEY CARE AND VASCULAR ACCESS CENTER

PATIENT INFORMATION –

Date: _____

Last Name: _____ First: _____ MI: _____

DOB: _____ SSN: _____ Male Female

Address: _____ City, ST: _____ Zip: _____

Primary Phone: _____ hm / cell Secondary Phone: _____ hm / cell

Primary Ins: _____ ID#: _____ Group#: _____

Secondary Ins: _____ ID#: _____ Group#: _____

Language assistance needed: No Yes DHHSC Specify Language: _____

REFERRING PROVIDER INFORMATION –

Referring Physician: _____ Office Contact Person: _____

Ph: _____ Fx: _____ ASAP Next Available (2-4 weeks)

Diagnosis/ Reason for referral: _____

Office notes (most recent)
Current Medication List

Most recent labs
Hospital Visits

Insurance Cards (front & back)
Radiology / other exams

Please send the following so we may process your referral in a timely manner.

One of our new patient referral coordinators will contact the patient within 24-48 hours after receiving the referral.

APPOINTMENT INFORMATION –

Your patients' appointment is scheduled on _____ at _____ am/pm. They are scheduled with Dr. _____. They must ***arrive 30 minutes prior*** to their appointment time.

Their appointment is scheduled and located at:

- 568 E. Herndon Ave. Ste 201 Fresno, CA 93720 Ph: (559) 228-6600 Fx: (559) 226-3709
- 800 "N" Street Sanger, CA 93657
- 1205 Evergreen Street, Selma, CA 93662
- 233 E. Caldwell Ave, Visalia, CA 93277
- 900 N. Douty Ste #B, Hanford, CA 93230

- 3933 Coffee Rd. Ste B, Bakersfield, CA. 93308 Ph: (661) 588-9999 Fx: (661) 588-9997
- 432 Lexington St. Ste #A, Delano, CA 93215

- 1140 Olivewood Drive, Merced, CA 95348 Ph: (209) 725-2121 Fx: (209) 725-2123
- 1451 W. Pacheco Blvd #E, Los Banos, CA 93635