



YUMA KIDNEY & DIALYSIS SPECIALISTS, P.C.

REFERRED TO: IRFAN FAZIL, M.D. (NEPHROLOGY CONSULTATION)

Patient's Name: _____ DOB: _____ M / F

Patient's Phone: _____

Patient's Address: _____

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID# _____

REASON FOR REFERRAL: (please check all the conditions which apply)

- Acute Kidney Failure
- Chronic Kidney Disease
- Renal Cyst or Mass
- Edema
- Electrolyte Imbalance (Low Sodium, High Potassium, etc.)
- Uncontrolled Hypertension
- End Stage Renal Disease
- Other: _____
- Kidney Stones
- Urinary Tract Infection
- Urinary Incontinence
- Dialysis Management
- Anemia of Chronic Kidney Disease
- Abnormal Urine Findings (Protein or Blood in Urine)

Referring Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

❖ Physician Signature: _____ Date: _____

Please fax your referral form to (928) 342-6863