



YUMA KIDNEY & DIALYSIS SPECIALISTS, P.C. REFERRAL FORM

REFERRED FOR NEPHROLOGY CONSULTATION TO:

- ☐ IRFAN FAZIL, M.D. ☐ ROCIO ELEID, M.D.
☐ SHAHID MANSOOR, M.D.

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)

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

Referring Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

❖ Physician Signature: _____ Date: _____

Please fax your referral form to (928) 294-1112

Yuma Location: 2503 S. Ave. A, Ste 2, Yuma, AZ 85364

Foothills Location: 11518 N. Frontage Rd., Ste. A, Yuma, AZ 85367