

New Patient Referral Worksheet

Dr. Meneses-Taylor

Dr. Rodriguez

Dr. Machado

Dr. Penix

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ E-Mail: _____

Social Security Number: _____ DOB: _____

Primary Ins: _____ ID #: _____

Secondary Ins: _____ ID #: _____

REFERRAL INFORMATION

Referring Physician: _____ NPI: _____

Phone: _____ Fax: _____

*Reason for Referral: _____

Date of labs: _____ BUN: _____ CRT: _____ K+: _____ eGFR: _____

Patient is aware of referral with diagnosis? Yes No

Please fax current and previous labs (including ua), diagnostic studies, current progress notes and current medication list to 352-383-4401. We are unable to schedule an appointment without these records. If you have any questions please call 352-383-1245.

-----Office use only-----

Date of Referral: _____ Spoke to: _____

Comments: _____

Appointment scheduled on: ____/____/____ at ____:____ with Dr. _____

in the: _____ Mt. Dora _____ Leesburg _____ Lady Lake office.

____ Patient has been notified ____/____/____ _____ Unable to contact patient for appointment

____ Patient does not wish to schedule an appointment for the following reason: _____
