University Nephrology Referral Form

**1932 Alcoa Hwy, Suite C460 Knoxville, TN 37920**

**(865) 546-9246 | Fax 865.523.6466**

**Dr. Denise Rivers, DO Dr. Urath Suresh, MD Dr. Ross Nesbit, MD Dr. Ritu Khanna, MD**

**Stephanie Burgett, FNP-BC Andrew Brower, FNP-BC**

***All Providers Are Available to see Patients at our Knoxville Office Location***

 

Maryville location: Lenoir City: Jefferson City: Caryville Location: Sevierville Location:

1851 Crest Road 5779 Creekwood Park Blvd 120 Hospital Drive Suite G50 173 Patty Hill Dr 1130 Middle Creek

Maryville, TN 37804 Lenoir City, TN 37772 Jefferson City, TN 37760 Caryville, TN 37714 Sevierville, TN 37862

Dr. Ritu Khanna Dr. Denise Rivers Dr. Urath Suresh Dr. Denise Rivers Dr. Ritu Khanna

Dr. Ross Nesbit Dr. Ross Nesbit

***Please call 865-546-9246 for all offices, and fax to 865-523-6466***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please attach the following records***:

* Patient Demographic Sheet - Including a copy of the front and back of the insurance card
* Most recent Office notes **and** most recent Labs
* List of Current Medications - Including Allergy List
* All Diagnostic studies pertaining to the referral

***If you have a preference of a provider and know the location, please circle the name and address above***

**\*\*\* AARP requires a referral approval, please complete before the appointment \*\*\***

Office use only Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doc 3.4.20