

Kidney Transplant Referral

Patient Information

Patient Name _____ DOB _____ Gender _____
SSN _____ Phone _____

Physician Information

Nephrologist _____
Phone _____ Fax _____

Please send records below if available:

- Copy of insurance cards and prescription cards
- Patient demographic information
- Form 2728
- Labs (most recent)
- History & Physical (most recent)

Referral information

Dialysis center _____
Office phone _____ Office fax _____
Type of dialysis _____ Start date _____
Dialysis days Mon Tues Wed Thurs Fri Sat

Insurance Information

Please fax insurance and prescription cards to: 816-932-3973 (KC); 316-303-1026 (Wichita)

If cards are not available, please fill out the following:

Primary _____ Secondary _____
Card holder _____ Card holder _____
Phone _____ Phone _____
ID # _____ Group # _____ ID # _____ Group # _____

Find this form at saintlukeshalthsystem.org/kidney-referral