

NEPHROLOGY REFERRALS

Thank you for choosing St. Peter's Health Medical Group Nephrology! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-495-6869.**

Please let us know the reason for your referral: Urgent Routine

We request the following supporting documents, if they exist:

- | | |
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| <input type="checkbox"/> Order with provider's full name, signature, date, and time. Please see order forms on our webpage. | <input type="checkbox"/> Laboratory results in last two years, including urine analysis, urine protein/creatinine with ratio and Microalbumin |
| <input type="checkbox"/> Current office visit note regarding reason for referral | <input type="checkbox"/> Renal ultrasound |
| <input type="checkbox"/> Most recent history and physical office note | <input type="checkbox"/> CT abdomen/pelvis |
| | <input type="checkbox"/> Immunization records |

Please push all images to PACs at St. Peter's Health or mail hard copy disk. Our providers will review all documents and imaging once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Nephrology