

Cumberland Kidney Specialists Referral Request

Patient Name: _____

Date of Birth: _____

Reason for Consultation (circle all that apply):

Renal Insufficiency Hematuria

CKD Hyponatremia

Hyperkalemia Proteinuria Hyponatremia

Hypokalemia Hypertension Other: _____

Please Circle Location to be seen:

♥ Cookeville- 221 N Oak Ave

♥ Crossville- 60 The Crossings

♥ McMinnville- 1589 Spart St, Ste 303

Fax All Information Listed Below to 866-834-5618

*We need to *please* receive requested records before the appointment is scheduled*

- **Demographics w full Social Security Number**

- **Copy of Insurance Card(s) Front & Back**

- **Last 3 labs** (inc. most recent labs (CMP & BMP))

- **Medication List**

- **Recent Office Notes**

- **Abdominal Imaging Reports**
(if on file; US,CT, MRI).

Referring Physician: _____

Contact Person: _____

Phone Number: _____

Fax number: _____

Thank you,

Pamela
Cumberland Kidney Specialists
Scheduling & Referral Coordinator
Phone: 931-646-0880
Fax: 866-834-5618

Cookeville- 117 N Hickory Ave, Suite 200
Crossville- 60 The Crossings, Crossville, TN
McMinnville- 1589 Sparta Street, Suite 303

This area is for CKS Office Use Only

Appointment Date: _____

Appointment Time: _____

Provider patient scheduled with: _____

Initial & Date: _____



Your Local Nephrologists