

KIDNEY AND HYPERTENSION CARE CENTER, PA

1213 Hermann Dr., Suite 460, Houston, Texas 77004 •Tel: (713) 520-6222 •Fax: (713) 520-6223
Monday – Friday: 8:00 am to 5:00 pm, For after hours support dial our office phone number
Email: ggarza@kidneyspecialist.org

ESRD HOSPITALIZATION REFERRAL FORM

PATIENT INFORMATION

Patient Last Name _____

Patient First Name _____

Patient Middle Initial _____

Patient Phone Number: Home: _____
(xxx-xxx-xxxx)

Work: _____
(xxx-xxx-xxxx)

Cell: _____
(xxx-xxx-xxxx)

Date of Birth _____
Month Day Year

Hospital Name _____

Insurance Plan _____

Referring Hospital Name _____

Dialysis Modality (select one): Hemo Dialysis Peritoneal Dialysis Home Hemo Dialysis

DIALYSIS UNIT CONTACT INFORMATION

Manager's Name _____

Dialysis Unit Location _____

Contact Number Tel: _____
(xxx-xxx-xxxx)

Fax: _____
(xxx-xxx-xxxx)

