

# KIDNEY/PANCREAS PROGRAM

## STEP 2: REFERRAL PATIENT INFORMATION

**Direct Fax: (210) 358-0408**

4502 Medical Drive, MS 18  
San Antonio, TX 78229  
(210) 567-5777

### GENERAL FACSIMILE COVERSHEET

### CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Checklist:

- |   |  |
|---|--|
| <input type="checkbox"/> Patient's demographic form   | <input type="checkbox"/> Any cardiology testing                        |
| <input type="checkbox"/> Copy of insurance cards (front and back)                           | <input type="checkbox"/> Recent CXR                                    |
| <input type="checkbox"/> Recent history and physical  | <input type="checkbox"/> Last two office visits or dialysis run sheets |
| <input type="checkbox"/> Recent month's labs including C Peptide<br>(for pancreas referral) | <input type="checkbox"/> Immunizations                                 |
| <input type="checkbox"/> Medication list  | <input type="checkbox"/> Form 2728                                     |

#### **Confidentiality Notice: Confidential Health Information Enclosed**

The information in this fax is confidential and may contain information protected by law. This fax is intended to be reviewed only by the individual or organization named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, or copying of this fax and its attachments is prohibited. If you have received this fax in error, please immediately notify the sender at the number listed above and arrange for the return or destruction of these documents.

**Important Warning:** This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law.