

## URGENT NEPHROLOGY CONSULTATION REQUEST

**Date:** [Insert Date]

**To:** [Nephrologist Name/Clinic Name]

**Fax/Email:** [Recipient Contact Info]

**From:** [Referring Physician Name]

**Clinic:** [Referring Clinic Name]

**Phone:** [Phone Number]

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### RE: PATIENT INFORMATION

**Name:** [Patient Full Name]

**DOB:** [Date of Birth]

**Phone:** [Patient Phone Number]

**Insurance:** [Insurance Provider/ID]

### Reason for Urgent Referral:

[e.g., Rapidly declining GFR, Severe hyperkalemia, New onset proteinuria, Refractory hypertension]

### Current Clinical Status:

- **Current eGFR:** [Value] (Date: [Date])
- **Baseline eGFR:** [Value] (Date: [Date])
- **Serum Creatinine:** [Value]
- **Potassium Level:** [Value]
- **Albumin/Creatinine Ratio (UACR):** [Value]
- **Blood Pressure:** [Current Reading]

### Active Medical Issues:

[List relevant conditions, e.g., Diabetes Type 2, Heart Failure]

### Current Medications:

[List relevant medications, specifically ACEi/ARBs, diuretics, or NSAIDs]

### Referring Provider Comments:

[Insert additional notes regarding symptoms, physical exam findings like edema, or specific concerns]

Please contact our office or the patient directly to schedule this urgent evaluation. Relevant lab reports and imaging are attached to this request.

Thank you,

[Signature]

[Referring Physician Name]

[NPI Number]