



**Kidney
Associates
of Texas**

SYED SAGHIR, M.D.

ABIM Board Certified in
Nephrology

WWW.KAOTEXAS.COM

McKinney Office:

4510 Medical Center Drive, # 202
McKinney, TX 75069
PHONE: 972-521-6000

Sherman Office:

300 N Highland Ave, # 365
Sherman, TX 75092
PHONE: 972-521-6000

PATIENT REFERRAL FORM

Please FAX this form to: **972-521-6012**

Please Fax recent H&P, Office notes, Labs, Radiology reports, MEDICATION LIST
(Same Day/Urgent cases please call the clinic for scheduling options)

Patient Information:

Last Name _____ First Name _____
Home Phone _____ Work Phone _____
Cell Phone _____ Date of Birth _____
Address _____

Patient Primary Insurance:

Insurance Company: _____
Policy Number: _____

Patient Secondary Insurance:

Insurance Company: _____
Policy Number: _____

Reason for Referral:

- Abnormal Labs:** _____
- Evaluate for CKD/Proteinuria:** _____
- Hypertension:** _____
- Other:** _____

Referring Physician: _____

Referring Clinic: _____

Phone: _____ **Fax:** _____