



**Kidney  
Associates  
of Texas**

**SYED SAGHIR, M.D.**

ABIM Board Certified in  
Nephrology

**WWW.KAOTEXAS.COM**

**McKinney Office:**

5830 Collin McKinney Parkway, # 302  
McKinney, TX 75070  
**PHONE: 972-521-6000**

**Sherman Office:**

305 N Highland Ave,  
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: \_\_\_\_\_