



NAZIH ZUHDI TRANSPLANT INSTITUTE REFERRAL FORM
 NZTI 3400 Northwest Expressway, Suite 700 Oklahoma City, Ok 73112
 Telephone: (405) 949-3816 Fax: (405) 815-6404

TO PROCESS THIS REFERRAL, THE FOLLOWING RECORDS BE FAXED (if applicable):

Please Indicate Documents Attached to This Referral.

<input type="checkbox"/> CMS 2728	<input type="checkbox"/> Most recent H & P
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Power of Attorney or Guardianship Documents
<input type="checkbox"/> Insurance Cards	<input type="checkbox"/> Last three months dialysis records; including Hep labs

PATIENT'S NAME:	SEX:	Date of Referral:	DOB:	SSN#
E-MAIL ADDRESS:	MARITAL STATUS:	AGE:	ETHNICITY:	
PATIENT'S ADDRESS:		CELL PHONE #: ()	HOME PHONE #: ()	
CITY:	ZIP CODE:		ALTERNATE PHONE #: ()	
CAREGIVER'S NAME:	CELL PHONE #: ()	HOME PHONE #: ()	ALTERNATE PHONE #: ()	

IMPORTANT: Does This Patient Require an Interpreter? NO YES: Language _____

Referral For: Kidney only Combined Kidney/Pancreas Pancreas Only

REFERRING NEPHROLOGIST:	ADDRESS:	PHONE #: ()
		FAX #: ()
DIALYSIS CLINIC:	ADDRESS:	PHONE #: ()
START DATE:		FAX #: ()

DIALYSIS MODALITY (CIRCLE ONE): PD ICHD HHD

To ensure timely processing, please **FAX or e-mail** completed referral form and all records to
F: (405) 815-6404
e-mail: kidneytransplantinfo@integrisok.com