



Pediatric Nephrology and Hypertension
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Request for Consultation

Appointment date: \_\_\_\_\_ at \_\_\_\_\_ A.M. / P.M.

Referring physician: \_\_\_\_\_ NPI# \_\_\_\_\_

Practice name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M / F

Preferred language: \_\_\_\_\_

Parent's names/legal guardians: \_\_\_\_\_ If Applicable - Please send Custody/Court Papers

Patient address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary insurance name: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Secondary insurance name: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

\*\*\*Please Attach a Copy of the Insurance Card, Referral and Authorization If Required\*\*\*

Reason for consultation/diagnosis: \_\_\_\_\_

Is this the First Referral To a Pediatric Nephrologist? Yes / No

If No, please list previous Nephrologist \_\_\_\_\_

Other notes pertaining to this visit \_\_\_\_\_

Does the patient need an interpreter? Yes/No

If yes, what kind of interpreter do we need to get for this patient? \_\_\_\_\_

\*\*Please send patient visits, labs and any imaging.\*\* Fax 1 (877) 761-6691

\*\*If you can get ultrasound on a disc, please have family bring that disc to the appointment.\*\*