

Date _____

To: _____

ATTENTION MEDICAL RECORDS

Phone _____

Fax _____

Your patient _____

DOB _____

Is scheduled to see:

- | | |
|---|---|
| <input type="checkbox"/> Dr. Robert Benedetti | <input type="checkbox"/> Dr. Richard Carson |
| <input type="checkbox"/> Dr. Curtis Wickre | <input type="checkbox"/> Dr. Brendan Mielke |
| <input type="checkbox"/> Dr. John Musa | <input type="checkbox"/> Jennifer Frost, ARNP |
| <input type="checkbox"/> Dr. Petru Groza | |

On _____ at _____ am/pm

We would like to ensure that your patient's consultation is carried out as accurately and efficiently as possible. The pertinent information that we will need is listed below, and can be faxed to our office at (509) 363-3008.

- A request for consultation with a valid diagnosis
- A recent History and Physical
- Previous labs with normal creatinine to current labs
- Any X-rays/ Ultrasounds pertinent to the kidneys
- Recent clinic notes
- A current medication list

Thank you,

Rockwood Clinic Nephrology Department
(509)838-2531 ext. 6400