

Southern Indiana Nephrology & Hypertension (SINH)

812-375-0272

LOCATION:

- Columbus
- Seymour
- North Vernon
- Greensburg
- Franklin
- No preference/Need first available any location

PROVIDER:

- Dr Deepak Jasuja
- Dr Varun Gaur
- No Preference

Please fax back to Beth at # 812-375-9856

Once the information below is received, we will call the patient to schedule the initial visit & fax you a confirmation of the date & time of the appointment. Thank you for allowing us to care for your patient.

Please complete:

Patient's name: _____ DOB _____

SSN: XXX- XX- _____ Address: _____

Home Phone #: _____ Cell Phone # _____

[] patient resides in Assisted Living Facility, if so, what facility? _____

Diagnosis/ Reason for referral: _____

LABS: Most recent Creatinine _____ BUN _____ GFR _____ Date: _____

Last 2 values: Creatinine _____ BUN _____ GFR _____ Date: _____

Creatinine _____ BUN _____ GFR _____ Date: _____

Most recent urinalysis with microscopy – **Please send results** Date: _____

Please send via return fax:

___ Medication list

___ Patient Demographics

___ Insurance cards

___ Last 3 office notes

___ Any tests, scans of kidneys

___ Most recent H & P

___ Lab results: most recent renal panel, CBC, etc (within last 30 days)