

Refer a patient

Physicians wishing to refer a patient can do so in one of two ways:

1. Call our scheduler at (309) 655-3781 or toll-free at (800) 635-1440 Monday through Friday, 8 a.m. - 4:30 p.m.
2. [Contact us online anytime](#) to start the scheduling process.

Request an appointment / Refer a patient

This form is for patients to use in requesting an appointment and for physicians to use to refer a patient.

If you would prefer to speak with a scheduler about an appointment, please call (309) 655-3781, or toll-free (800) 635-1440, Monday through Friday, from 8 a.m. until 4:30 p.m.

To help us help you, please fill in all relevant fields. When you are finished, please click the "Submit" button at the bottom of the form to send your request. We will contact you within one business day of receipt.

Required fields*

Information about person sending this form

Full name of sender*

Sender's daytime phone number*

Sender's e-mail address

Information about the patient

Full legal name*

Home address*

City*

State*

Zip Code*

Country

Primary phone number*

Secondary phone number*

Mobile (cell) number

Caregiver

Caregiver contact number

E-mail address

Date of birth*

Gender

Male* Female *

Race*

Primary Health Insurance*

Secondary Health Insurance*

Employer*

Dialysis* Not on dialysis Hemodialysis Home Hemodialysis Peritoneal Deialysis

Dialysis Unit* Days of Dialysis* MWF TTTHS

Information about the referring physician (if applicable)

Referring physician name



Physician's practice name and address

Physician's phone number

Physician's Fax number

Office/Dialysis Contact Person

Office/Dialysis Contact Person Phone #

Office/Dialysis Contact Person Fax #