



# East Tennessee Nephrology, P.C.

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## New Patient Referral Form

- Dr. Stephen Kiss                       Dr. G. Scott Borrelli  
 Dr. Sung Yong Bae                       Dr. J.D. Gentry  
 First Available

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fort Sanders Location:<br>2001 Laurel Ave Ste. 206<br>Knoxville, TN 37916<br>P: 865-524-3131<br>F: 865-212-6323 | <input type="checkbox"/> Morristown Location:<br>609 McFarland St<br>Morristown, TN 37814<br>P: 423-839-1690<br>F: 423-839-1699 | <input type="checkbox"/> Seymour Location:<br>11169 Chapman Hwy Ste. 3<br>Seymour, TN 37865<br>P: 865-524-3131<br>F: 865-212-6323 |
|--|---|---|

**Please notify your patient of their appointment date and time.**

**Appt Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Please provide the following along with this form:**

- Labs (For One Year)
- Most Recent Office Note(s)
- Demographic Sheet and Ins. Cards
- Any Imaging
  - If patient no shows or cancels their appointment they will have to be rereferred.
  - For self-pay patients there is a \$200.00 upfront fee. Each additional visit is \$75.00
  - When the new patient appointment is scheduled, we will reach out to the referring doctors office with appointment date and time. We do get several referrals a day so please be patient as the doctors do not see patients every day in office.