



# TEXAS ADVANCED RENAL HEALTH

*Leading The Way In Kidney Health Excellence*

PATIENT REFERRAL FORM

Referring Physician Name

Referring Physician Practice

Phone Number

Patient Name

DOB

Patient Address

Patient Cell Number

Alt. Phone Number

Email Address

Reason for Referral:

Please send this referral form to any of the following addresses:



McKinney Medical Village  
7300 W. Eldorado Pkwy  
Suite 125  
McKinney, Texas 75070



972-548-4837



staff@tarenal.com