Kenneth Kafui Afenya, MD (Nephrologist)
185 Pasadena Dr. Suite 110 Lexington, KY 40503
office@lexkidneycare.com
www.lexkidneycare.com
Phone: 859-785-3828
Fax: 859-977-9271

REFERRAL FORM

*Patient Name (Last, First} * Insurance/Member ID * DOB * Phone#

*Requesting Provider Name NPI # PCP (if different)

Office Contact Person Direct Phone # * Fax:

Diagnosis

Contracted Provider Name Specialty Phone Fax

Contracted Facility Address NPI

Name of Procedure/ Service Requested

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.