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

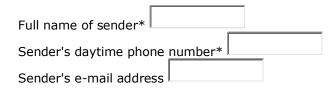
This form is for patients to use in requesting an appointment and for physicians to use to refer a patient.

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



Information about the patient



Secondary phone number*
Mobile (cell) number
Caregiver
Caregiver contact number
E-mail address
Date of birth* Gender
Male* Female * Female
Race*
Primary Health Insurance*
Secondary Health Insurance*
Employer*
Dialysis* Not on dialysis Hemodialysis Home Hemodialysis Peritoneal Deialysis
Dialysis Unit* Days of Dialysis* MWF TTHS

Information about the referring physician (if applicable)

