



**Charleston Nephrology,
Hypertension and Transplant, PLLC**

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REFERRAL FORM

Date: _____

Referral for: Dr. Abdul Zanabli

NPI: 1487752093

First Available

Urgent- within 24 hours

First Name: _____ MI: _____ Last Name: _____

DOB: ___/___/___ Race: _____ SS# _____ - - - SEX: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

INSURANCE:

Primary: _____

Secondary: _____

Reason for Referral: **Kidney Disease – Hypertension -- Other** _____

Referring Physician: _____

Address: _____ City: _____ State: _____ zip: _____

Office Phone: _____ Office Fax: _____

NPI: _____ Office Email: _____

Which office would you like the patient to be scheduled in?

South Charleston

Do you want us to make the appointment? _____ yes _____ no

Please send a copy of all labs, office notes, and current medication list along with a copy of the patients insurance card(s).

Any questions regarding this referral please call our office or email us at nephrologyaz@yahoo.com. Thank you for your referral.

Office notes: Date of appt: _____ By: _____