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Referral Letter

Please fill out and fax back

Date: _____

Patient Name: _____ Date of Birth: _____

Social Security #: _____ Patient's Tel.: _____

Referred for: _____

• Number of Visits: _____ Expiration: _____

Please fax the following with the consultation request:

1. Recent H&P or last 2 office visit notes
2. Labs for the last 3 Sets
3. Kidney ultrasound report, if available OR any renal studies
4. Facesheet of patient with insurance information (or a copy of the card)
5. List of all current medications and allergies

Main Office:

2698 N. Galloway Ave., Ste.104
Mesquite, TX 75150
Ph: 972-681-4444
Fax: 214-635-3868

Satellite Offices: calls go to Main office

1005 W Ralph Hall Parkway #125 Rockwall, TX 75032
9330 Poppy Dr., Ste 302 Dallas, TX 75218
341 Wheatfield Dr #100 Sunnyvale, TX 75182
1575 Interstate 30 Mesquite, TX 75150
7700 Lakeview Parkway #300B Rowlett, TX 75088