



Illinois  
Kidney Disease &  
Hypertension Center

We would like to keep your other physicians informed about your care. Please list all physicians you would like us to send information about your office visit.

Primary Care Physician (full name):

1. \_\_\_\_\_

Other Physicians and their specialty/location:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Pt Name \_\_\_\_\_ Acct: \_\_\_\_\_ MD \_\_\_\_\_