

**Nebraska Endocrinology Specialists**

**8207 Northwoods Drive**

**Lincoln, NE 68505**

**Phone: 402-484-3440 Fax: 402-484-3441**

**Dr. Kara Meinke Baehr - Dr. Prathima Jasti - Jillian Volnek, PA-C, CDE**

**Referral Request Form**

**Name of Patient** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Patient Phone Number/Contact Information** \_\_\_\_\_

**Reason for Referral?** \_\_\_\_\_

**Referring Physician?** \_\_\_\_\_

**Fax Number where correspondence should be sent?** \_\_\_\_\_

Please fax below requested information to 402-484-3441:

- **Completed referral form**
- **Office notes from the last year**
- **Labs from the last year**
- **Diagnostic testing**
- **Current medication list**
- **Demographic information and insurance cards**

Once received, the referral will be reviewed and our office will call the patient to schedule their initial visit.

**\*Please note, the referral will not be reviewed until ALL documents have been received.**

**Thank you for your referral!**