



Rutland Kidney Center

A Department of Rutland Regional Medical Center

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Rutland Kidney Center Outpatient Referral

Date of Request: _____ Date of RKC Receipt: _____

Patient Name: _____ DOB: _____

Active/Preferred Patient Phone Number(s): _____

Referring Provider and Office Contact: _____

Phone: _____ Office Fax: _____

Diagnosis/Reason for Referral/Chief Complaint: _____

Please include the following information with your referral:

- Patient Demographics
- Office Note(s)
- Medication List
- All medical records related to diagnosis/reason for referral/chief complaint including evaluation and treatment records from all providers/facilities
- Lab Results (*Actual results if not performed at RRMC*)
- Ultrasounds/CT Scans/MRI's
- Biopsy Results