



*Renal
Physicians
of Georgia, PC*

Carlos O Martinez, MD

*Paige Martin, NP-C Allison Williams, NP-C
Amy Williams, NP-C Julia Light NP-C
Brittney Singley NP-C*

New Patient Referral Form

Patient's Name: _____ Date: _____

Race: _____ DOB: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Daytime# _____ Mobile# _____

Insurance: _____ Policy _____

Reason for Referral/Diagnosis: _____

Referring Physician: _____

*** NPI # *** _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax # _____

Schedule with: **Dr. Carlos Martinez**

Office Locations for appointment: **Macon Dublin Hawkinsville Warner Robins**

Please fax this request with most recent office notes, recent labs / radiology, and insurance cards to 478-741-2208. Appointment will not be scheduled without this information. We will call you with the appointment date and time. Thank you.

**165 Emery Hwy Ste 100
Macon, GA 31217
478-741-2150
478-741-2208 (f)**

**2400 Bellevue Rd Ste 29-B
Dublin, GA 31021
478-272-9688
478-275-9446 (f)**

**1205 Watson Blvd Ste B
Warner Robins, GA 31093
478-217-2347
478-217-2348 (f)**

**292 Industrial Blvd
Hawkinsville, GA 31036
478-892-8010
478-741-2208 (f)**