

**KIDNEY DISEASE (GLOMERULONEPHRITIS, POLYCYSTIC KIDNEY DISEASE,
RENAL INSUFFICIENCY, KIDNEY TRANSPLANT)**

Client's Name _____

1. Date first diagnosed: _____

2. Dates of most recent laboratory evaluation: _____

Results of kidney function tests:

BUN _____

Creatinine _____

24 Hour Creatinine Clearance _____

24 Hour Protein Less _____

Urinalysis Specimens Protein Loss _____

3. If kidney transplanted, when was surgery done? _____

What disease caused the need for a transplant? _____

Related donor? yes no

Current medications? _____

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775