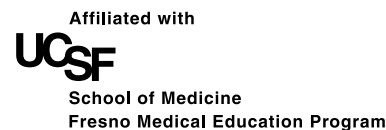


FAX REFERRAL REQUEST
University | Surgical Associates

7415 N. Cedar Avenue, Suite 102 · Fresno, CA 93720
Phone: 559.435.6600 · Fax: 559.435.6622
www.UniversityMDs.com



Referrals can be made by faxing this form or calling the office.

Date: _____ Number of Pages: _____

- First Available Physician*
- Christopher Kinter, M.D.
Vascular & General Surgery
- Christina Maser, M.D.
Endocrine & General Surgery
- Farah Karipineni, M.D.
Endocrine & General Surgery
- Wound Care Services
*Christopher Kinter, M.D.
Charlotte McFall, NP-C,
MSN-FNP*

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation For: _____

Diagnosis (required): _____

**REQUIRED
PATIENT
INFORMATION**

- Copy of referral
- Copy of patient insurance card and demographics
- Copy of last chart notes
- Copy of lab reports
- Films requested from: _____
for delivery to University Surgical Associates, 7415 N. Cedar Avenue, Suite 102, 93720

****NOTE: All information is needed to schedule an appointment.**

Special instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

Thank you very much for referring your patient to our office.

***** INTERNAL USE ONLY *****

Appointment Date: _____ Time: _____ Contact Person: _____