



FAX REFERRAL REQUEST • Referrals can be made by faxing this form or calling the office.

Clovis Location Physicians

- First Available Physician
Deniz Baysal, M.D.
Jason A. Davis, M.D.
Robert Kollmorgen, D.O.
Eric Lindvall, D.O.
Armen Martirosian, M.D.
Samia Ghaffar, M.D.

Fresno Location Physicians

- First Available Physician
Mark Ayoub, M.D.
Maximino Brambila, M.D., MBA
Michael Charles, M.D.
Nathan Hoekzema, M.D.
Robert Kollmorgen, D.O.
Motasem Refaat, M.D.
John Wiemann, M.D.

Date: _____ Number of Pages: _____
Referring Physician: _____ Phone: _____
PCP (if different from referring): _____ Phone: _____
Patient Name: _____ DOB: _____
Consultation For: _____
Diagnosis: _____

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

- Copy of Referral
Copy of Insurance Card/Demo Sheet
Last Chart Notes
Copy of Lab Results
X-Ray/Ultrasound Reports
Films requested from: _____
for delivery to
Clovis: 729 N. Medical Center Drive West, Suite 111
Clovis, CA 93611
Fresno: 7235 N. First Street, Suite 103
Fresno, CA 93720

Special Instructions: _____
Contact person: _____ Title: _____
Phone: _____ Fax: _____ Comments: _____

INTERNAL USE ONLY
Clovis Fresno Appointment Date: _____ Time: _____ Contact Person: _____
Office Notified Patient Notified Initials _____

Workers Compensation Referral Please Fax To: 559.320.0539