

# FAX REFERRAL REQUEST

## University | Cardiovascular Center

**Fresno:** 2335 E. Kashian Lane, Suite 240 · Fresno, CA 93701  
**Phone:** 559.320.0545 · **Fax:** 559.320.0550 · **UniversityMDs.com**

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

Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>John Ambrose, MD</b><br>· Cardiac Consultation<br>· Angioplasty and Stenting<br>· Angioplasty utilizing the Radial Approach | <input type="checkbox"/> <b>Richard Kiel, MD</b><br>· Heart Failure  | <input type="checkbox"/> <b>Ankit Rathod, MD</b><br>· Preventative Cardiology<br>· Cardiac MRI/CT<br>· Echocardiography<br>· Stress Testing<br>· Management of Complex Cardiac Conditions  |
| <input type="checkbox"/> <b>Manminder Singh Bhullar, MD</b><br>· Structural Heart Disease &<br>· Interventional Cardiologist                            | <input type="checkbox"/> <b>Felice Lin, MD</b><br>· Advanced Heart Failure, Heart Transplant,<br>and Cardiovascular Care   | <input type="checkbox"/> <b>Rohit Srivastava, MD, FACC, FSCAI</b><br>· Cardiac Catheterization and Intervention<br>· Cardiac Consultation<br>· Peripheral Vascular Disease<br>· Heart Valve Disease<br>· Aortic Stenosis<br>· Mitral Regurgitation |
| <input type="checkbox"/> <b>Teresa Daniele, MD</b><br>· Women's Heart Disease<br>· Cardiac Consultation<br>· Nuclear Cardiology<br>· Cardiac PET/CT     | <input type="checkbox"/> <b>Mouatoua Mouanoutoua, MD</b><br>· Cardiac Catheterization and Intervention<br>· Peripheral Angiography and Intervention<br>· Transesophageal Echocardiography with<br>and without sedation                               | <input type="checkbox"/> <b>Brandon Woodbury, MD</b><br>· Electrophysiology  |
|   | <input type="checkbox"/> <b>Henning Rasmussen, MD</b><br>· Cardiac Consultation and Acute Care<br>Cardiology<br>· Cardiac Catheterization Coronary<br>Angiography and Intervention from<br>all approaches<br>· Pacemaker Implantation and Management | <input type="checkbox"/> <b>First Available Physician</b>  |

**REQUIRED PATIENT INFORMATION**

- Sante Referral
- Insurance Authorization
- Copy of Insurance Card/Demo Sheet
- Blood Test/Lab Results
- Last Chart Notes
- Medication List
- Cardiac Test Reports
- MRI/CT of Chest/Heart with last 6 mo

**Please indicate the type of appointment required.**

<input type="checkbox"/> Consultation	<input type="checkbox"/> Nuclear Studies
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Non-Walking
<input type="checkbox"/> Stress Test/Treadmill	<input type="checkbox"/> Walking
<input type="checkbox"/> Stress Echocardiogram	<input type="checkbox"/> Rest/Stress ABI
<input type="checkbox"/> Holter Monitor	
<input type="checkbox"/> Carotid Ultrasound	
<input type="checkbox"/> Abdominal Aorta Ultrasound	

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

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP (if different from referring): \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Consultation For: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Insurance: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Comments: \_\_\_\_\_

*Thank you very much for referring your patient to our office!*

**Internal Use Only** .....

Appointment Date at UCC: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Office Notified  Patient Notified Initials \_\_\_\_\_

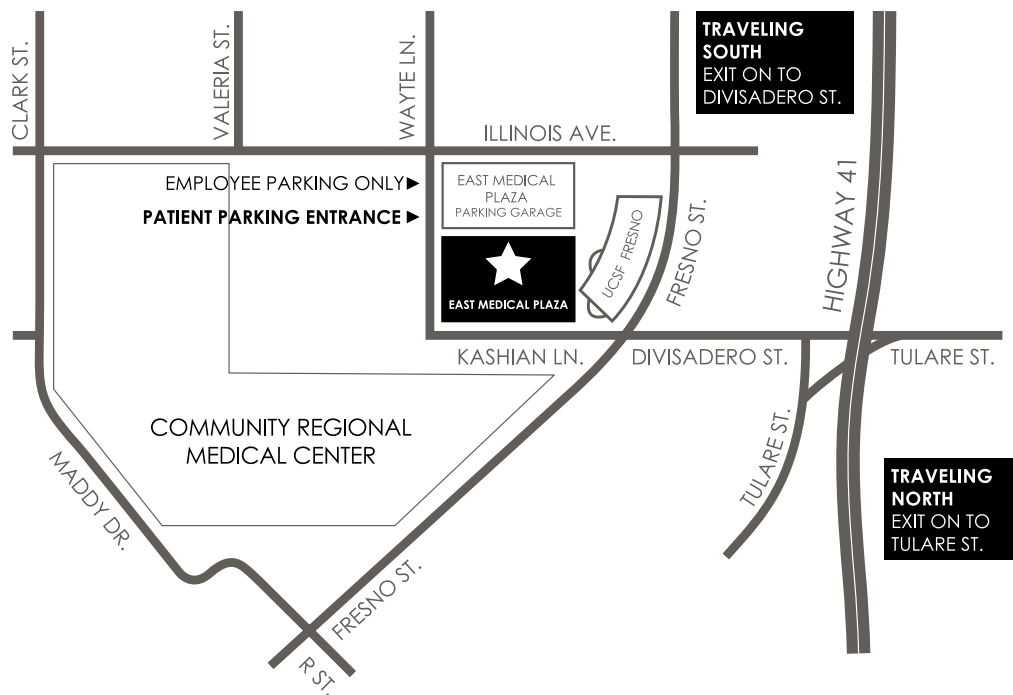
Patient Name: \_\_\_\_\_

You have an appointment with Dr. \_\_\_\_\_

**PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME**

**FRESNO**  
**2335 E. Kashian Lane, Suite 240**  
**Fresno, CA 93701**

Complimentary Parking is available in the Community Physicians Plaza Parking Garage, which is located north of the East Medical Plaza on Illinois Avenue. Bring your parking slip with you to your appointment to have it validated.



**559.320.0545 ■ 559.320.0550 fax**

**Monday    Tuesday    Wednesday    Thursday    Friday**

\_\_\_\_\_ AM / PM