

FAX REFERRAL REQUEST

University | Central Medical Specialty Center

Affiliated with UCSF School of Medicine Fresno Medical Education Program

2828 Fresno Street, Suite 203 · Fresno, CA 93721
Phone: 559.320.1090 · Fax: 559.320.1099
www.UniversityMDs.com

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

Date: _____ Number of Pages: _____

- Endocrinology: Soe Naing, M.D. (Diabetes Specialist), Hanford Yao, M.D., First Available Physician
Infectious Disease: Robert Libke, M.D., Naiel Nassar, M.D., Anadit Mu, M.D., Simon Paul, M.D. (HIV Specialist), Sophia Tran, M.D., First Available Physician
Internal Medicine: Belayneh Abejie, M.D. (Occupational and Environmental Medicine), Dominic Dizon, M.D., Stutee Khandelwal, M.D., MPH, Alan Kelton, M.D., Anupama Poliyedath, M.D., First Available Physician
Pulmonary Disease: Vijay Balasubramanian, M.D. (Pulmonary Hypertension), Kathryn Bilello, M.D., Timothy Evans, M.D., Michael Peterson, M.D. (Chief of Medicine, UCSF Fresno), Daya Upadhyay, M.D., First Available Physician

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____ Phone: _____

Patient Name: _____ DOB: _____

Consultation For: _____

Diagnosis: _____

REQUIRED PATIENT INFORMATION

- Copy of Referral
Copy of Insurance Card/Demo Sheet
Last Chart Notes
Lab Results
X-ray/Ultrasound report
Films requested from: _____
for delivery to: University Central Medical Specialty Center
2828 Fresno Street, Suite 203, Fresno, CA 93721

*****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 at University Central: _____ Time: _____ Contact Person: _____