

FAX REFERRAL REQUEST

2335 E. Kashian Lane, Suite 301 · Fresno, CA 93701

Phone: 559.264.9100 · Fax: 559.264.9199

www.UniversityMDs.com

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

- Shahrzad Akhtar, M.D. Multiple Sclerosis, Parkinson's Disease
H. Terry Hutchison, M.D., Ph.D. Pediatric Neurology, Epilepsy
H. James Jones, D.O. General Neurology
William Likosky, M.D. Vascular Neurology
Krishe Menezes, M.D. Movement Disorders
Gunjan Narwani, M.D. Epilepsy, Sleep Medicine
Ernestina Saxton, M.D., Ph.D. Headache, Thoracic Outlet Syndrome
Mark Stecker, M.D., Ph.D. Clinical Neurophysiology, Neurology, Epilepsy
Rafael Zuzuárregui M.D. Movement Disorders, Sleep Disorders, Neurology
First Available Physician

Chris Bauer, Ph.D. Memory & Cognitive Studies (Neuropsychological Testing)
Please indicate any specific referral question:
Insurances that require pre-authorization: Blue Shield, Tricare (UHC), Key Medical, Foundation for Medical and Santé plans.\*
\*Santé plans require a Santé referral form, not an actual authorization number
Please request up to 2 hours of 96116 and up to 11 hours inclusive of 96118 and 96119.

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_
PCP (if different from referring): \_\_\_\_\_ Phone: \_\_\_\_\_
Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Referring DX: \_\_\_\_\_

REQUIRED PATIENT INFORMATION

- Patient Demographics
HMO Referral/Authorization
Copy of Insurance Card
Chart Notes pertaining to diagnosis
Patient labs performed within the past 12 months
MRI, MRA and CT reports and images preformed within the last 12 months.
Chart notes for all previous Neurologist
Films requested from:
for delivery to: University Neurology Associates, 2335 E. Kashian Lane, Suite 301, Fresno, CA 93701

\*\*\*\*\*Please note: All of the required information is necessary to process this referral, failure to provide adequate clinicals could delay the scheduling process.

Additional Instructions (Request for interpreter, additional special needs, etc.):

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_
Email: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

We will contact your patient for scheduling.

Internal Use Only .....

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

Your patient has been contacted and is aware of this appointment. Thank you for your referral!