

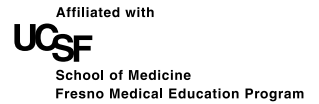
FAX REFERRAL REQUEST

University | Cardiovascular Center

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: _____

[] John Ambrose, M.D.
· Cardiac Consultation
· Angioplasty and Stenting
· Angioplasty utilizing the Radial Approach

[] Mouatoua Mouanoutoua, M.D.
· Cardiac Catheterization and Intervention
· Peripheral Angiography and Intervention
· Transesophageal Echocardiography with and without sedation

[] Ankit Rathod, M.D.
· Preventative Cardiology
· Cardiac MRI/CT
· Echocardiography
· Stress Testing
· Management of Complex Cardiac Conditions

[] Teresa Daniele, M.D.
· Women's Heart Disease
· Cardiac Consultation
· Nuclear Cardiology
· Cardiac PET/CT

[] Chandrasekar Palaniswamy, M.D.
· Electrophysiology

[] Rohit Srivastava, M.D.

[] Brandon Woodbury, M.D.

[] Richard Kiel, M.D.
· Heart Failure

[] Henning Rasmussen, M.D.
· Cardiac Consultation and Acute Care Cardiology
· Cardiac Catheterization, Coronary Angiography and Intervention from all approaches
· Pacemaker Implantation and Management

[] First Available Physician

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.
[] Consultation [] Nuclear Studies
[] Echocardiogram [] Non-Walking
[] Stress Test/Treadmill [] Walking
[] Stress Echocardiogram [] Rest/Stress ABI
[] Holter Monitor
[] Carotid Ultrasound
[] 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 _____

University | Cardiovascular Center

Affiliated with
UCSF
School of Medicine
Fresno Medical Education Program

Patient Name:

You have an appointment with Dr.

2335 E. Kashian Lane, Suite 240 ▪ Fresno, CA 93701

University Cardiovascular Center is located on the second floor of the East Medical Plaza, which is located on Community Regional Medical Center's campus in Downtown Fresno.

When traveling south on Highway 41, use the Divisadero Street exit. When traveling north on Highway 41, use the Tulare Street exit. Divisadero Street turns into Kashian Lane at Fresno Street.

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

