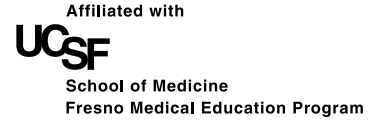


FAX REFERRAL REQUEST

University | Obstetrics & Gynecology Center

2210 E. Illinois Avenue, Suite 408 · Fresno, CA 93701
Phone: 559.443.2694 · Fax: 559.443.2696
www.UniversityMDs.com



Date: _____ Number of Pages: _____

Obstetrics & Gynecology

- Obstetrics & Gynecology
[] Christopher Downer, M.D.
[] Ellen Middleton, RN, NP, Ph.D.
[] Pamela Emeney, RN, M.D.
[] First Available Provider

Gynecological Oncology

- Gynecological Oncology
[] William Rich, M.D.

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Patient Cell: _____

Reason for Consult: _____

Enclosed Records

- [] Pap Smear
[] Radiology Reports
[] Laboratory Reports
[] Insurance Card
[] Demos
[] Prog Notes
[] Pathology Reports
[] Other

Referring Physician: _____

Contact Person: _____

Phone: _____ Fax : _____

Special Instructions: _____

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

OFFICE USE ONLY:

Appointment Date at UOGC: _____ Time: _____ with _____

Patient Name: _____

You have an appointment with Dr. _____

University Obstetrics & Gynecology Center

2210 E. Illinois Avenue, Suite 408, Fresno, CA 93701

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