

FAX REFERRAL REQUEST

University | Specialty Surgery Associates

2335 E. Kashian Lane, Suite 220 · Fresno, CA 93701
Phone: 559.256.5140 · Fax: 559.485.4505
www.UniversityMDs.com

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

Date: _____ Number of Pages: _____

- Amir Fathi, M.D. (Liver and Biliary Surgery, Medical & Surgical Management of Pancreas Disease, etc.)
Ibironke Adelaja, M.D. (Surgical management of breast cancer and benign breast disease, Robotic surgery)
Lily Darpli, NP-C
Robin Munoz, NP-C

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation For: _____

Diagnosis (required): _____

REQUIRED PATIENT INFORMATION

- Copy of referral
Copy of patient insurance card and demographics
Copy of last chart notes
Copy of lab reports
Films requested from: _____ for delivery to University Specialty Surgery Associates, 2335 E. Kashian Lane, Suite 220, 93701

**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: _____ Time: _____ Contact Person: _____