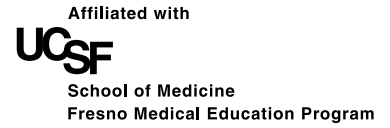


FAX REFERRAL REQUEST

University | Pulmonary Associates

2335 E. Kashian Lane, Suite 260 · Fresno, CA 93701
Phone: 559.256.5130 · Fax: 559.485.4504
www.UniversityMDs.com



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

Date: _____ Number of Pages: _____

- Vijay Balasubramanian, M.D. Pulmonary Hypertension
Kathryn Bilello, M.D.
Timothy Evans, M.D., Ph.D.
Pravachan V C Hegde, M.D. Interventional Pulmonology

- Vipul Jain, M.D.
Jose Joseph-Vempilly, M.D.
Michael Peterson, M.D.
Daya Upadhyay, M.D.
First Available Physician

PFT TESTING ONLY
Full PFT (Spiro pre/post, lung volume DLCO)
6 min walk test with O2 titration
Spirometry with Bronchodilator
Lung Volumes
Other _____

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 Pulmonary Associates, 2335 E. Kashian Lane, Suite 260, Fresno, CA 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: _____