FAX REFERRAL REQUEST

University | Pediatric Specialists

Affiliated with UCSF
School of Medicine
Fresno Medical Education Program
A member of the Community Foundation Medical Group
part of the Santé Health Foundation

726 Medical Center Drive East, Suite 209 • Clovis, CA 93611
Phone 559.325.5656 • Fax 559.325.5568 • UniversityMDs.com

Date: _____ Number of Pages: _____

- ☐ Athira Nair, M.D. — *Pediatric Cardiology*
- ☐ Nancy Hua, D.O. — *Pediatric Cardiology*
- ☐ Renee Kinman, M.D., Ph.D. — *Pediatric Endocrinology*
- ☐ Patrick Shepherd, M.D. — *Pediatric Endocrinology*
- ☐ Michael Haight, M.D. — *Pediatric Gastroenterology*
- ☐ Joseph Shen, M.D., Ph.D. — *Pediatrics and Genetics*
- ☐ Timothy Foster, M.D. — *Pediatric Neurology*
- ☐ Paul Do, M.D. — *Pediatric Pulmonology*
- ☐ John Moua, M.D. — *Pediatric Pulmonology*
- ☐ Hani Gutierrez, NP — *Gastroenterology*
- ☐ Jennifer Le, NP — *Certified Family Nurse Practitioner, Diabetes*
- ☐ First Available Physician

Patient Name: _____ DOB: _____ Phone: _____

Diagnosis: _____

Reason For Visit: _____ Type of Insurance: _____

Referring Physician: _____ Phone: _____ Fax: _____

Referral Contact: _____ Phone: _____ Fax: _____

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

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION IF POSSIBLE

- ☐ Demographics sheet
- ☐ Insurance card(s) (front and back)
- ☐ Physician progress notes and labs
- ☐ Radiology reports including CT, MRI, ultrasound, x-ray, etc. (Please have patient bring a CD of radiology studies)

PLEASE NOTE

- Please allow our office 72 hours to respond. Appointments will be scheduled upon receiving completed request.
- If patient needs to be seen STAT, please indicate this in the "Reason for visit" section above.
- We will call your patient to schedule the appointment with us.

Internal Use Only

Appointment Date: _____ Time: _____ Contact Person: _____

November 2018