

University | Diabetes and Endocrine Specialists

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Date: _____ Number of Pages: _____

Panchali Khanna, MD
Diabetes and Endocrine

Shreela Mishra, MD
Diabetes and Endocrine

First Available

Varsha Babu, MD
Diabetes and Endocrine

Ngwe Yin, MD
Diabetes and Endocrine

April Herd PA-C

Jaspreet Riar PA-C

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Patient Cell: _____

Diagnosis (required): _____

Referring Physician: _____

Phone: _____ Fax: _____

PCP (if different from referring): _____

Insurance: _____

**REQUIRED
PATIENT
INFORMATION**

- Copy of referral
Must include HMO referral for appointment to be scheduled.
- Copy of patient insurance card and demographics
- Copy of last chart notes, H & P
- Copy of last lab results/CT reports (must have at least 1) *(If Applicable)*
- Copy of medication list
- Copy of last lab results/Spirometry/ECHO *(If Applicable)*

NOTE: All information is needed to schedule an appointment.

REFERRING PROVIDER MUST NOTIFY PATIENTS OF APPOINTMENT.

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

OFFICE USE ONLY:

Appointment Date at UDES: _____ Time: _____ with Dr.: _____