

FAX REFERRAL REQUEST

University | Gynecologic Oncology 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

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Fresno, CA 93720
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UniversityMDs.com

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

Date: _____ Number of Pages: _____

- Trung Nguyen, DO Kate O’Hanlan, MD First Available Physician

PATIENT INFORMATION

Name: _____ DOB: _____
Social Security Number: _____
Home Phone: _____
Cell Phone: _____
Insurance: _____
Diagnosis/Consult Question: _____

REFERRING PROVIDER INFORMATION

Provider Name: _____
Office Contact: _____
Office Phone: _____
Office Fax: _____

PLEASE INCLUDE THE FOLLOWING:

- Patient’s insurance card/demographics
H&P and most recent progress note
Operative reports
Pathology reports
Tumor marker trends (i.e. CA125, CA 19-9)
Imaging (i.e. CT, PET, MRI) in past year
Chemotherapy treatment records
Radiation treatment summary

OFFICE USE ONLY

Appointment scheduled: _____
Patient notified: _____ Phone _____ Mail _____
Referring office notified: _____

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