

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: _____

- Referral options: Athira Nair, MD (Pediatric Cardiology), Patrick Shepherd, MD (Pediatric Endocrinology), Timothy Foster, MD (Pediatric Neurology), Hani Gutierrez, NP (Gastroenterology), Nancy Hua, DO (Pediatric Cardiology), Michael Haight, MD (Pediatric Gastroenterology), Paul Do, MD (Pediatric Pulmonology), Jennifer Le, NP (Certified Family Nurse Practitioner, Diabetes), Renee Kinman, MD, Ph.D (Pediatric Endocrinology), Joseph Shen, MD, Ph.D (Pediatrics and Genetics), John Moua, MD (Pediatric Pulmonology), 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: _____

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Patient Name: _____

You have an appointment with Dr. _____

University Pediatric Specialists
726 Medical Center Drive East, Suite 209, Clovis, CA 93611
559.325.5656 | 559.325.5568 fax

Monday

Tuesday

Wednesday

Thursday

Friday

_____ AM / PM

