

FAX REFERRAL REQUEST – (Fresno and Visalia)

University | Surgical Associates

Affiliated with UCSF School of Medicine Fresno Medical Education Program

7415 N. Cedar Avenue, Suite 102 · Fresno, CA 93720
805 W. Acequia Ave, Suite 2D · Visalia, CA 93291

Phone: 559.435.6600 · Fax: 559.435.6622 · UniversityMDs.com

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

Date: _____ Number of Pages: _____

First Available Physician

[] Fresno [] Visalia

Christina Maser, MD

Endocrine & General Surgery

[] Fresno [] Visalia

Charlotte McFall, NP-C, MSN-FNP

Vascular/Dialysis Access & General Surgery

[] Fresno [] Visalia

WOUND CARE SERVICES

Christopher Kinter, MD

Vascular/Dialysis Access & General Surgery

[] Fresno [] Visalia

Christopher Kinter, MD

Vascular/Dialysis Access & General Surgery

[] Fresno [] Visalia

Farah Karipineni, MD

Endocrine & General Surgery

[] Fresno [] Visalia

Charlotte McFall, NP-C, MSN-FNP

Vascular/Dialysis Access & General Surgery

[] Fresno [] Visalia

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation For: _____

Diagnosis (required): _____

REQUIRED

PATIENT INFORMATION

[] Copy of referral

[] Copy of patient insurance card and demographics

[] Copy of last chart notes

[] Copy of lab reports

[] Films requested from: _____

for delivery to: University Surgical Associates, 7415 N. Cedar Avenue, Suite 102, Fresno, CA 93720

**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: _____