

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), Nancy Hua, DO, FAAP (Pediatric Cardiology), Renee Kinman, MD, PhD (Pediatric Endocrinology), Patrick Shepherd, MD (Pediatric Endocrinology), Michael Haight, MD (Pediatric Gastroenterology), Joseph Shen, MD, Ph.D (Pediatrics and Genetics), Chokechai Rongkavilit, MD, FAAP (Infectious Disease), Timothy Foster, MD (Pediatric Neurology), Paul Do, MD (Pediatric Pulmonology), John Moua, MD (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: \_\_\_\_\_

# 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

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

