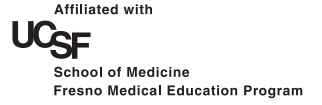


FAX REFERRAL REQUEST

University | Psychiatry Associates

2210 E. Illinois Avenue, Suite 401 · Fresno, CA 93701  
Phone: 559.320.0580 · Fax: 559.320.0582



UniversityMDs.com

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

Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

- Craig Campbell, MD
- Raminder Cheema, MD
- Andrew Goddard, MD

- Karen Kraus, MD  
*Child & Adolescent Psychiatry*
- Betty Liao, PhD

*First Available Physician*

Referring Physician: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PCP (if different from referring): \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Patient Cell: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Insurance: \_\_\_\_\_

Please fax referral, medical records, labs, demographics, insurance card (front and back), and prior authorization (if required) to 559.320.0582.

Please have patient call us to schedule an appointment at 559.320.0580.

*Thank you very much for referring your patient to our office.*

\*\*\*\*\* INTERNAL USE ONLY \*\*\*\*\*

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Person: Lisa Gonzales