FAX REFERRAL REQUEST

University  Neurosciences Institute - Visalia
805 W. Acequia, Suite 2D  Visalia, CA 93291
Phone: 559.320.0530  Fax: 559.320.0532
UniversityMDs.com

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

Date: __________________________ Number of Pages: ____________________

☐ Nathan Deis, MD, MSc, FRCSC  ☐ Yu-Hung Kuo, MD, PhD  ☐ Derek A. Taggard, MD
☐ Samia Ghaffar, MD  ☐ Robert Macdonald, MD  ☐ First Available Physician

Physicians are a member of the Community Foundation Medical Group part of the Santé Health Foundation

REQUIRED PATIENT INFORMATION

☐ Santé Referral  ☐ Last Pain Management Note if Completed
☐ Insurance Auth (Ex: TRICARE, Worker’s Comp, etc.)  ☐ EMG/NCV Report if Completed
☐ Worker’s Compensation (Claim Number, Date of Injury, Adjuster/NCM Name and Contact Info)  ☐ Neurology Consult Report if Completed
☐ Copy of Insurance Card/Demographic Sheet  ☐ Patient’s Height
☐ Last Chart Notes  ☐ Patient’s Weight
☐ Last Physical Therapy Note if Completed  ☐ MRI/CT Done in the Last 6 Months

Protocol for Brain Tumors: For any brain tumors that may be compromising the patients vision, visual field tests should be ordered/completed prior to appointment scheduling.

Protocol for Pituitary Tumors: Patients with this diagnosis should complete the following labs prior to appointment scheduling: prolactin, electrolytes, TSH, T4, ACTH, cortisol, urine cortisol and IGF1.

**NOTE All information and radiology images are needed to schedule an appointment.

Referring Physician: __________________________ Phone: ______________________

PCP (if different from referring): __________________________ Phone: ______________________

Patient Name: _____________________________________________________________

Patient Home Phone: __________________________ Patient Cell: __________________________

Consultation for: ____________________________________________________________

Diagnosis: _________________________________________________________________

Insurance: _________________________________________________________________

IMPORTANT INFORMATION

Office Policy states that any imaging that was not performed at Advanced Medical Imaging, California Imaging, CRMC, Clovis Community or Sierra Imaging must be hand carried by patient to their appointment.

Images, related to the diagnosis, must have been taken within 6 months of the referral. Insurance authorization must also be sent with the referral.

Contact Person: __________________________________________ Title: ______________________

Phone: __________________________ Fax: __________________________

Comments: _______________________________________________________________

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

Additional questions, please contact our Referrals Department at 559.256.9622 or fax referrals to 559.256.4432

06.17.19
Patient Name:

You have an appointment with Dr. University Dermatology Associates
2335 E. Kashian Lane, Suite 410, Fresno, CA 93701

University Dermatology Associates is located on the 4th floor of the East Medical Plaza, which is located on Community Regional Medical Center's campus in Downtown Fresno.

When traveling south on Highway 41, use the Divisadero Street exit. When traveling north on Highway 41, use the Tulare Street exit. Divisadero Street turns into Kashian Lane at Fresno Street.

Complimentary Parking is available in the East Medical Plaza Parking Garage, which is located north of the East Medical Plaza on Wayte Lane. Bring your parking slip with you to your appointment to have it validated.

559.266.4100 // 559.266.4199 fax