

FAX REFERRAL REQUEST – (Clovis, and Visalia)

University | Surgical Associates

Affiliated with UCSF School of Medicine Fresno Medical Education Program

CLOVIS - 729 Medical Center Drive West, Suite 111 · Clovis, CA 93611
VISALIA - 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

[] Clovis [] Visalia

Christina Maser, MD

Endocrine & General Surgery

[] Clovis [] Visalia

Charlotte McFall, NP-C, MSN-FNP

Vascular/Dialysis Access & General Surgery

[] Clovis [] Visalia

WOUND CARE SERVICES

Christopher Kinter, MD

Vascular/Dialysis Access & General Surgery

[] Clovis [] Visalia

Christopher Kinter, MD

Vascular/Dialysis Access & General Surgery

[] Clovis [] Visalia

Farah Karipineni, MD

Endocrine & General Surgery

[] Clovis [] Visalia

Charlotte McFall, NP-C, MSN-FNP

Vascular/Dialysis Access & General Surgery

[] Clovis [] 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, 729 Medical Center Drive West, Suite 111, Clovis, CA 93611

**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: _____