

FAX REFERRAL REQUEST

University | Gynecologic Oncology 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

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

Date: _____ Number of Pages: _____

[] Trung Nguyen, DO [] Ragini Sastry, DO

PATIENT INFORMATION

Name: _____ DOB: _____ Social Security Number: _____ Home Phone: _____ Cell Phone: _____ Insurance: _____ Diagnosis/Consult Question: _____

REFERRING PROVIDER INFORMATION

Provider Name: _____ Office Contact: _____ Office Phone: _____ Office Fax: _____

*Insurance if authorization needed: Please use CPT 99205 for consultation.

REQUIRED INFORMATION TO BE SENT TO OUR OFFICE BEFORE THE PATIENT CAN BE SCHEDULED:

- [] Patient's insurance card/demographics [] Imaging (i.e. CT, PET, MRI) in past year [] H&P and most recent progress note [] Chemotherapy treatment records [] Operative reports [] Radiation treatment summary [] Pathology reports [] Medical clearance [] Tumor marker trends (i.e. CA125, CA 19-9) [] All applicable medical records

PLEASE NOTE: Failure to provide all required medical information may result in a delay of the referral process.

OFFICE USE ONLY

Appointment scheduled: _____ Patient notified: _____ Phone _____ Mail _____ Referring office notified: _____

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