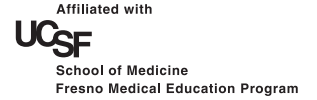


# FAX REFERRAL REQUEST

University | Medicine Associates

2335 E. Kashian Lane, Suite 280 · Fresno, CA 93701  
Phone: 559.320.1090 · Fax: 559.320.1099

UniversityMDs.com



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

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

### DIABETES AND ENDOCRINOLOGY

- Soe Naing, MD
- Varsha Babu, MD
- Shreela Mishra, MD
- Ngwe Yin, MD
- First Available Physician**

### INFECTIOUS DISEASE

- Robert Libke, MD

### INTERNAL MEDICINE

- Alan Kelton, MD
- Seema Policepatil, MD
- Teresa Sigala, MD
- Anshu Varma, MD
- First Available Physician**

### RHEUMATOLOGY

- Candice Reyes, MD, RhMSUS
- Anna Kazaryan, MD

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Consultation For: \_\_\_\_\_

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

### REQUIRED PATIENT INFORMATION

- Copy of Referral
- Copy of Insurance Card/Demo Sheet
- Last Chart Notes
- Lab Results
- X-ray/Ultrasound report
- Films requested from: \_\_\_\_\_

for delivery to: University Medicine Associates, 2335 E. Kashian Lane, Suite 280, Fresno, CA 93701

\*\*\*\*\*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: \_\_\_\_\_