

University | Diabetes and Endocrine Specialists

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Date: _____ Number of Pages: _____

Soe Naing, MD, ECNU,
MRCP, FACE
Diabetes and Endocrine

Shreela Mishra, MD
Diabetes and Endocrine

First Available

Varsha Babu, MD
Diabetes and Endocrine

Ngwe Yin, MD
Diabetes and Endocrine

April Herd PA-C

Jaspreet Riar PA-C

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Patient Cell: _____

Diagnosis (required): _____

Referring Physician: _____

Phone: _____ Fax: _____

PCP (if different from referring): _____

Insurance: _____

**REQUIRED
PATIENT
INFORMATION**

- Copy of referral
Must include HMO referral for appointment to be scheduled.
- Copy of patient insurance card and demographics
- Copy of last chart notes, H & P
- Copy of last lab results/CT reports (must have at least 1) *(If Applicable)*
- Copy of medication list
- Copy of last lab results/Spirometry/ECHO *(If Applicable)*

NOTE: All information is needed to schedule an appointment.

REFERRING PROVIDER MUST NOTIFY PATIENTS OF APPOINTMENT.

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

OFFICE USE ONLY:

Appointment Date at UDES: _____ Time: _____ with Dr.: _____