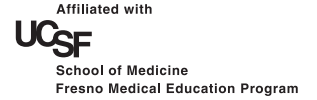


FAX REFERRAL REQUEST

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: _____

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
- First Available Physician**

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: _____