

University | Diabetes and Endocrine Specialists

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UniversityMDs.com

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

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

Shreela Mishra, MD  
Diabetes and Endocrine

First Available

April Herd PA-C

Varsha Babu, MD  
Diabetes and Endocrine

Ngwe Yin, MD  
Diabetes and Endocrine

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.: \_\_\_\_\_