

In affiliation with UCSF Fresno

FAX REFERRAL REQUEST • PHONE 559.320.1090 • FAX 559.320.0331

First Available Physician

Marina Roytman, MD
Hepatology

Date: _____

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____ Phone: _____

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Cell: _____ Work: _____

Consultation For: _____

Diagnosis: _____

Is the Patient Pregnant? (YES NO)

REQUIRED PATIENT INFORMATION • All information is needed to schedule an appointment

Demographics/Insurance

Pathology

Procedure Report(s) (EGD, Colon, EUS, ERCP, etc.)

Inflammatory Bowel Disease

Imaging/Scans (CT, MRI, US)

Second Opinion

Labs

Special Instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____ Comments: _____

INTERNAL USE ONLY

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Appointment Date: _____ Time: _____ Contact Person: _____

Office Notified Patient Notified Initials _____