

In affiliation with UCSF Fresno

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**FAX REFERRAL REQUEST • PHONE 559.320.1090 • FAX 559.320.0331**

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*First Available Physician*

**Marina Roytman, MD**  
Hepatology

**Jayakrishna Chintanaboina, MD, MPH, FACP**  
Gastroenterology

**Juliana Yang, MD**  
Gastroenterology

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)

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

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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 \_\_\_\_\_