

FAX REFERRAL REQUEST

University | Sleep and Pulmonary Associates



6733 N. Willow Ave., Suite 107
Fresno, CA 93710
Phone: 559.435.4700 | Fax: 559.298.7951

In affiliation with UCSF Fresno

Date: _____

Patient Demographics

Patient Name: _____ DOB: _____ Male Female

Language: _____ Home Phone: _____ Cell Phone: _____

Insurance: _____

Diagnosis (required): _____

Referring Physician: _____

Phone: _____ Fax : _____

PCP (if different from referring): _____

Allergies: (please list) _____

Reason for Referral: _____

Provider

- First Available USPA Provider
- Lourdes DelRosso, MD, PhD, FAASM
- Eyad Almasri, MD
- Hovig Artinian, MD, MAT, FAAP

Required Patient Information

NOTE: All information is needed to schedule an appointment.

- HMO referral
- Patient information and demographics
- Medicine list
- Most recent chart notes and lab results
- Most recent sleep study if done in last year

Appointment Update (USPA Staff Use Only)

Appointment Date at USPA: _____ Time: _____ with Dr: _____