

FAX REFERRAL REQUEST
University | Cardiovascular Center

In affiliation with UCSF Fresno

Fresno: 2335 E. Kashian Lane, Suite 240 · Fresno, CA 93701
 Phone: 559.320.0545 · Fax: 559.320.0550 · UniversityMDs.com

Referrals can be made by faxing this form or calling the office.

Date: _____ Number of Pages: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> John Ambrose, MD
· Cardiac Consultation
· Angioplasty and Stenting
· Angioplasty utilizing the Radial Approach | <input type="checkbox"/> Siri Kunchakarra MD
· Cardiology
· Cardiovascular Disease | <input type="checkbox"/> Ankit Rathod, MD
· Preventative Cardiology
· Cardiac MRI/CT
· Echocardiography
· Stress Testing
· Management of Complex Cardiac Conditions |
| <input type="checkbox"/> Manminder Singh Bhullar, MD, FACC
· Structural Heart Disease &
· Interventional Cardiologist | <input type="checkbox"/> Felice Lin, MD
· Advanced Heart Failure, Heart Transplant,
and Cardiovascular Care | <input type="checkbox"/> Rohit Srivastava, MD, FACC, FSCAI
· Cardiac Catheterization and Intervention
· Cardiac Consultation
· Peripheral Vascular Disease
· Heart Valve Disease
· Aortic Stenosis
· Mitral Regurgitation |
| <input type="checkbox"/> Teresa Daniele, MD
· Women's Heart Disease
· Cardiac Consultation
· Nuclear Cardiology
· Cardiac PET/CT | <input type="checkbox"/> Mouatoua Mouanoutoua, MD
· Cardiac Catheterization and Intervention
· Peripheral Angiography and Intervention
· Transesophageal Echocardiography with
and without sedation | <input type="checkbox"/> Brandon Woodbury, MD
· Electrophysiology |
| <input type="checkbox"/> Richard Kiel, MD
· Advanced Heart Failure, Cardiomyopathy,
Mechanical Circulatory Support, Including
Left Ventricular Assist Device, Cardiac
Transplantation, Pulmonary Arterial
Hypertension | <input type="checkbox"/> Henning Rasmussen, MD
· Cardiac Consultation and Acute Care
Cardiology
· Cardiac Catheterization Coronary
Angiography and Intervention from
all approaches
· Pacemaker Implantation and Management | <input type="checkbox"/> First Available Physician |

REQUIRED PATIENT INFORMATION

- Sante Referral
- Insurance Authorization
- Copy of Insurance Card/Demo Sheet
- Blood Test/Lab Results
- Last Chart Notes
- Medication List
- Cardiac Test Reports
- MRI/CT of Chest/Heart with last 6 mo

Please indicate the type of appointment required.

<input type="checkbox"/> Consultation	<input type="checkbox"/> Nuclear Studies
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Non-Walking
<input type="checkbox"/> Stress Test/Treadmill	<input type="checkbox"/> Walking
<input type="checkbox"/> Stress Echocardiogram	<input type="checkbox"/> Rest/Stress ABI
<input type="checkbox"/> Holter Monitor	
<input type="checkbox"/> Carotid Ultrasound	
<input type="checkbox"/> Abdominal Aorta Ultrasound	

*****NOTE: All information is needed to schedule an appointment.

Referring Physician: _____ Phone: _____

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

Patient Name: _____ DOB: _____

Consultation For: _____

Diagnosis: _____

Insurance: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

Comments: _____

Thank you very much for referring your patient to our office!

Internal Use Only

Appointment Date at UCC: _____ Time: _____ Contact Person: _____

Office Notified Patient Notified Initials _____

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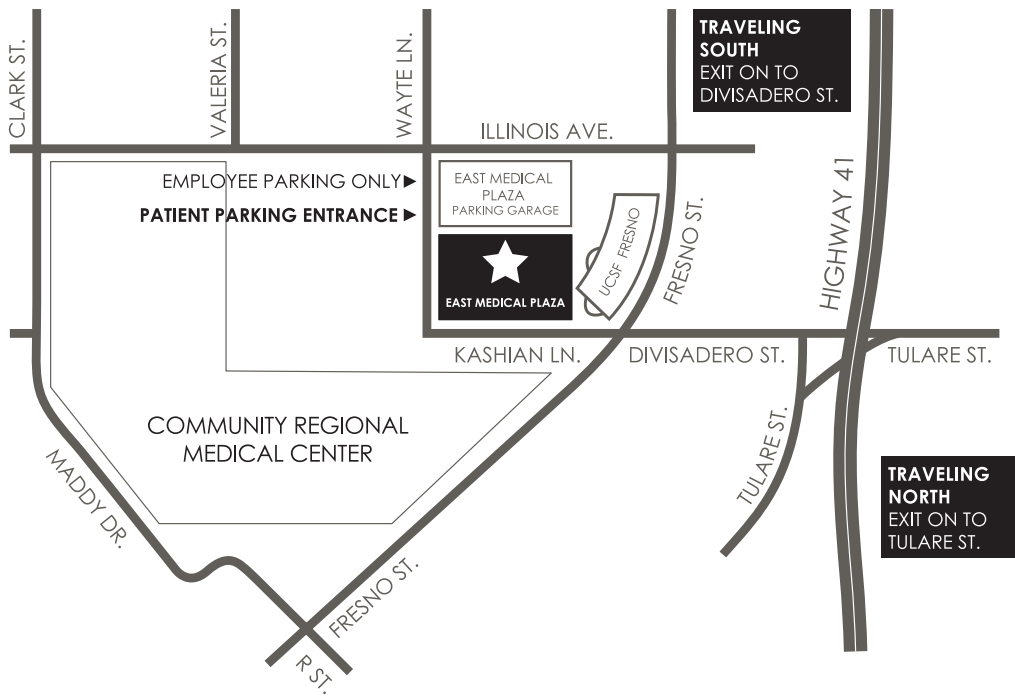
Patient Name: _____

You have an appointment with Dr. _____

PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME

FRESNO
2335 E. Kashian Lane, Suite 240
Fresno, CA 93701

Complimentary Parking is available in the Community Physicians Plaza Parking Garage, which is located north of the East Medical Plaza on Illinois Avenue. Bring your parking slip with you to your appointment to have it validated.



559.320.0545 ▪ 559.320.0550 fax

Monday Tuesday Wednesday Thursday Friday

_____ AM / PM