

In affiliation with UCSF Fresno



### FAX REFERRAL FORM

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

- First Available*
- Varsha Babu, MD
- Shreela Mishra, MD
- April Herd PA-C
- Melody Kuo, MHS, PA-C
- Elsa Carrillo, RDN  
Registered Dietician Nutritionist
- Katey Spach, RDN  
Registered Dietician Nutritionist
- Diabetes Class

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Patient Cell: \_\_\_\_\_

Diagnosis (required): \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

PCP (if different from referring): \_\_\_\_\_

Insurance: \_\_\_\_\_

#### REQUIRED PATIENT INFORMATION

All information below is needed to schedule an appointment.

- Referral  
*Must include HMO referral for appointment to be scheduled.*
- Patient insurance card and demographics
- Last chart notes, H & P
- Last lab results/CT reports (must have at least 1) (If Applicable)
- Medication list
- Last lab results/Spirometry/ECHO (If Applicable)

**Thank you very much for referring your patient to our office.**

OFFICE USE ONLY:

Appointment Date at UDES: \_\_\_\_\_ Time: \_\_\_\_\_ with Dr.: \_\_\_\_\_