

FAX REFERRAL REQUEST – (Fresno and Visalia)

University | University Surgical Associates

In affiliation with UCSF Fresno

FRESNO - 2335 E. Kashian Lane, Suite 220 · Fresno, CA 93701

VISALIA - 805 W. Acequia Ave, Suite 2D · Visalia, CA 93291

Phone: 559.435.6600 · Fax: 559.435.6622 · UniversityMDs.com

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

Date: _____ Number of Pages: _____

First Available Physician

Fresno Visalia

Christina Maser, MD, MHA, FACS

Endocrine & General Surgery

Fresno Visalia

Farah Karipineni, MD, MPH, FACS

Endocrine & General Surgery

Fresno Visalia

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation For: _____

Diagnosis (required): _____

**REQUIRED
PATIENT
INFORMATION**

- Copy of referral
- Copy of patient insurance card and demographics
- Copy of last chart notes
- Copy of lab reports
- Films requested from: _____

for delivery to: University Surgical Associates, 2335 E. Kashian Lane, Suite 220
Fresno, CA 93701

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

Special instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

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

***** INTERNAL USE ONLY *****

Appointment Date: _____ Time: _____ Contact Person: _____