

**FAX REFERRAL REQUEST**

**University** | Specialty Surgery Associates

*Physicians are a part of the Community Foundation  
Medical Group part of the Santé Health Foundation.*

In affiliation with UCSF Fresno

2335 E. Kashian Lane, Suite 220 · Fresno, CA 93701  
Phone: 559.256.5140 · Fax: 559.485.4505  
UniversityMDs.com

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

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

- Amir Fathi, MD
  - Liver and Biliary Surgery
  - Medical & Surgical Management of Pancreas Disease
  - Comprehensive Abdominal Hernia Program
  - General Surgery

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 Specialty Surgery Associates, 2335 E. Kashian Lane, Suite 220, 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: \_\_\_\_\_