

FAX REFERRAL REQUEST

University

Gynecologic Oncology Specialists

In affiliation with UCSF Fresno

A member of the Community Foundation Medical Group
part of the Santé Health Foundation

782 N. Medical Center Dr. E. #212

Clovis, CA 93611

559.451.3676 – Phone | 559.451.3680 – Fax

UniversityMDs.com

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

Date: _____ Number of Pages: _____

Trung Nguyen, DO Dennis DeSimone, DO Alexandra Freeman, MD Ragini Sastry, DO

PATIENT INFORMATION

Name: _____ DOB: _____

Social Security Number: _____

Home Phone: _____

Cell Phone: _____

Insurance: _____

Diagnosis/Consult Question: _____

REFERRING PROVIDER INFORMATION

Provider Name: _____

Office Contact: _____

Office Phone: _____

Office Fax: _____

*Insurance if authorization needed: Please use CPT 99205 for consultation.

REQUIRED INFORMATION TO BE SENT TO OUR OFFICE BEFORE THE PATIENT CAN BE SCHEDULED:

- Patient's insurance card/demographics
- H&P and most recent progress note
- Operative reports
- Pathology reports
- Tumor marker trends (i.e. CA125, CA 19-9)
- Imaging (i.e. CT, PET, MRI) in past year
- Chemotherapy treatment records
- Radiation treatment summary
- Medical clearance
- All applicable medical records

PLEASE NOTE: Failure to provide all required medical information may result in a delay of the referral process.

OFFICE USE ONLY

Appointment scheduled: _____

Patient notified: _____ Phone _____ Mail _____

Referring office notified: _____

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