

In affiliation with UCSF Fresno

## FAX REFERRAL REQUEST • Referrals can be made by faxing this form or calling the of-

### INFECTIOUS DISEASE

\*\*\*Check in with the office directly for referral availability of Infectious Disease\*\*\*

- Michele Maison-Fomotar, MD
- Hebah Ghanem, MD
- Robert Libke, MD

### INTERNAL MEDICINE

- First Available Physician
- Alan Kelton, MD
- Seema Policepatil, MD
- Teresa Sigala, MD
- Tia Vang, MD
- Anshu Varma, MD

### RHEUMATOLOGY

- Alicia Rodriguez-Pla, MD, PhD, MPH

Date: \_\_\_\_\_

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

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

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

Consultation For: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### REQUIRED PATIENT INFORMATION *\*NOTE: All information is needed to schedule an appointment.*

- Copy of Referral
- Copy of Insurance Card/Demo Sheet
- Last Chart Notes
- Lab Results
- X-ray/Ultrasound report
- Films requested from \_\_\_\_\_  
for delivery to:  
University Medicine Associates,  
2335 E. Kashian Lane, Suite 280,  
Fresno, CA 93701

Special Instructions: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

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

### INTERNAL USE ONLY

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Office Notified  Patient Notified Initials \_\_\_\_\_