

In affiliation with UCSF Fresno

FAX REFERRAL REQUEST • Referrals can be made by faxing this form or calling the office.

INFECTIOUS DISEASE

Robert Libke, MD

INTERNAL MEDICINE

First Available Physician

Alan Kelton, MD

Seema Policepatil, MD

Teresa Sigala, MD

Tia Vang, MD

Anshu Varma, MD

RHEUMATOLOGY

First Available Physician

Iziegbe Ehiorobo, MD

Anna Kazaryan, MD

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

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Appointment Date: _____ Time: _____ Contact Person: _____

Office Notified Patient Notified Initials _____