

In affiliation with UCSF Fresno

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

INFECTIOUS DISEASE

****Contact the office directly for referral availability of Infectious Disease providers****

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

INTERNAL MEDICINE

- First Available Physician
- Sumaya Hammami, MD
- Alan Kelton, MD

RHEUMATOLOGY

- Abida Hasan, DO

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 _____