

In affiliation with UCSF Fresno

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

Deniz Baysal, MD, FRCSC
Hip, Knee, Shoulder Replacements and
Sports Medicine Specialist

Maximino Brambila, MD, MBA,
Wrist, Hand, and Upper Extremity

Jason Davis, MD
Orthopaedic Surgery
Orthopaedic Trauma

Nathan Hoekzema, MD
Orthopaedic Surgery, Hand, Elbow,
and Upper Extremity. Fracture Care

Robert Kollmorgen, DO
Hip Preservation and Sports Medicine
Specialist

Eric Lindvall, DO
Post Traumatic Reconstruction/Traumatology
Pediatric & Adult Fracture care

Armen Martirosian, MD
Orthopaedic Trauma
Fracture Care

First Available Physician

Mark Ayoub, MD*
Orthopaedic Trauma
Fracture Care

Michael D. Charles, MD*
Elbow and Shoulder Specialist

Arbi Nazarian, MD*
Hip and Knee Reconstruction & Revisions

Motasem Refaat, MD*
Orthopaedic Trauma
Fracture Care

John Wiemann, MD*
Pediatric Orthopaedic Surgery

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

Date: _____ Number of Pages: _____

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
- Copy of Lab Results
- X-Ray/Ultrasound Reports

Films requested from: _____
for delivery to:
604 N Magnolia, Suite 100
Clovis, CA 93611

Special Instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____ Comments: _____

INTERNAL USE ONLY

Appointment Date: _____ Time: _____ Contact Person: _____

Office Notified Patient Notified Initials _____

Workers Compensation Referral Please Fax To: 559.320.0539