

In affiliation with UCSF Fresno

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

First Available Physician

Raj M. Amin, MD
Hip and Knee Replacement and Revisions,
and Orthopaedic Shoulder Care

Mark Ayoub, MD
Orthopaedic Trauma Fracture Care

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

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

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 and Adult Fracture care

Armen Martirosian, MD
Orthopaedic Trauma Fracture Care

Arbi Nazarian, MD
Hip and Knee Replacement and Revisions

Motasem Refaat, MD
Orthopaedic Trauma Fracture Care

Geoffrey Rohlfing, DO
Hip and Knee Replacement and Revisions

Lucas Seiler, MD
Hand Surgery

John Wiemann, MD
Pediatric Orthopaedic Surgery

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
- 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

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Appointment Date: _____ Time: _____ Contact Person: _____

Office Notified Patient Notified Initials _____

Workers Compensation Referral Please Fax To: 559.432.3025