

FAX REFERRAL REQUEST

University | Pulmonary Associates

In affiliation with UCSF Fresno

2335 E. Kashian Lane, Suite 260 · Fresno, CA 93701 | Phone 559.256.5130 | Fax 559.485.4504 | UniversityMDs.com

Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

- First Available Physician
Hila Azulay, MD
Vijay Balasubramanian, MD
Pulmonary Hypertension
Matt Beutner, MD
Kathryn Bilello, MD
June Choe, MD
Mohamed Fayed, MD

- Anil Ghimire, MD
Pravachan V.C. Hegde, MD
Interventional Pulmonology
Vipul Jain, MD
Michael Peterson, MD

PFT TESTING ONLY
Full PFT (Spiro pre/post, lung volume DLCO)
6 min walk test with O2 titration
Spirometry with Bronchodilator
Lung Volumes
Other

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

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

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

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

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

REQUIRED PATIENT INFORMATION

- 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 Pulmonary Associates, 2335 E. Kashian Lane, Suite 260, Fresno, CA 93701

\*\*\*\*\*NOTE: All information is needed to schedule an appointment.

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

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

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

Thank you very much for referring your patient to our office!

Internal Use Only

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