

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 Pulmonary Hypertension
Matt Beutner, MD Pulmonary Hypertension
Kathryn Bilello, 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: _____