

## 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

All UPA physicians treat general pulmonary diseases. **If patient needs to be seen ASAP, please choose first available,** or you may choose a specific physician based on your patient diagnosis.

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

- |   |   |
|---|---|
| <input type="checkbox"/> <i>First Available Physician</i>   | <input type="checkbox"/> <b>June Cho, MD</b><br><i>Pre-Op Evals, Upper Airway Disorders</i>   |
| <input type="checkbox"/> <b>Eyad Almasri, MD</b><br><i>General Pulm &amp; Post ICU care</i>                           | <input type="checkbox"/> <b>Anil Ghimire, MD</b><br><i>COPD, Asthma</i>                       |
| <input type="checkbox"/> <b>Hila Azulay, MD</b><br><i>Pulmonary Hypertension<br/>&amp; Interstitial Lung Disease</i>  | <input type="checkbox"/> <b>Pravachan V.C. Hegde, MD</b><br><i>Interventional Pulmonology</i> |
| <input type="checkbox"/> <b>Matt Beutner, MD</b><br><i>Pulmonary Hypertension<br/>&amp; Interstitial Lung Disease</i> | <input type="checkbox"/> <b>Vipul Jain, MD</b><br><i>Asthma</i>                               |
| <input type="checkbox"/> <b>Kathryn Bilello, MD</b><br><i>Bronchiectasis &amp;<br/>Lung Cancer Screening</i>          | <input type="checkbox"/> <b>Pankaj Mehta, MD</b><br><i>General Pulm &amp; Sleep Medicine,</i> |
| <input type="checkbox"/> <b>Mohamed Fayed, MD</b><br><i>Bronchiectasis, Adv. Lung Infections</i>                      | <input type="checkbox"/> <b>Michael Peterson, MD</b>  |

### PFT TESTING ONLY

- ☐ Full PFT (Spiro pre/post, lung volume DLCO)
- ☐ 6 min walk test  
☐ with O<sub>2</sub> 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 \*\*\*\*\*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 Pulmonary Associates  
2335 E. Kashian Lane, Suite 260  
Fresno, CA 93701

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: \_\_\_\_\_