## FAX REFERRAL REQUEST

In affiliation with UCSF Fresno

Physicians are a part of the Community Foundation Medical Group part of the Santé Health Foundation.

45 River Park Place West, Suite 104 · Fresno, CA 93720 **Phone:** 559.320.0530 · Fax: 559.320.0532

UniversityMDs.com

Referrals can be made by faxing this form or calling the office.

te: Number of Pages:				
<ul><li>□ Nathan Deis, MD, MSc, FRCSC</li><li>□ Amir Khan, MD</li><li>□ Yu-Hung Kuo, MD, PhD</li></ul>	<ul> <li>□ Nicholas Levine, MD</li> <li>□ R. Loch Macdonald, MD, PhD, FRCSC, FACS</li> <li>□ First Available Physician</li> </ul>			
REQUIRED PATIENT INFORMATION  □ Santé Referral □ Insurance Auth (Ex: TRICARE, Worker's Comp, etc.) □ Worker's Compensation (Claim Number, Date of Injury, Adjuster/NCM Name and Contact Info) □ Copy of Insurance Card/Demographic Sheet □ Last Chart Notes □ Last Physical Therapy Note if Completed	□ Last Pain Management Note if Completed □ EMG/NCV Report if Completed □ Neurology Consult Report if Completed □ Patient's Height □ Patient's Weight □ MRI/CT Done in the Last 6 Months			
Protocol for Brain Tumors: For any brain tumors that may be compromising the patients vision, visual field tests should be ordered/completed prior to appointment scheduling.  Protocol for Pituitary Tumors: Patients with this diagnosis should complete the following labs prior to appointment scheduling: prolactin, electrolytes, TSH, T4, ACTH, cortisol, urine cortisol and IGF1.  **NOTE All information and radiology images are needed to schedule an appointment.				
Referring Physician:				
PCP (if different from referring):				
Patient Name:				
Patient Home Phone: Patient Cell:				
Consultation for:				
Diagnosis:				
Insurance:				
IMPORTANT INFORMATION  Office Policy states that any imaging that was not performed CRMC, Clovis Community or Sierra Imaging must be hand of Images, related to the diagnosis, must have been taken with must also be sent with the referral.	d at Advanced Medical Imaging, California Imaging, carried by patient to their appointment.			
Contact Person:	Title:			
Phone:Fax	:			
Comments:				
Thank you very much for referring Additional questions, please contact our Reserved at the second and the second at the second a	ng your patient to our office. eferrals Department at 559.256.9622 SE ONLY * * * * * * * * * * * * * * * * * * *			

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University Neurosciences Institute 45 River Park Place West, Suite 104, CA 93720 559.320.0530 // 559.320.0532 fax

We are located on the first floor of the University of Phoenix building next to the Fresno Heart & Surgical Hospital.

## When traveling from the North:

Take the 41 Highway South and exit on Friant Ave. Take Friant Ave. East to North Fresno St. Make a left turn at North Fresno St and drive North until you come to a stop sign which will be River Park Place. Make a left at the stop sign and follow the road until you reach our location on your left hand side.

## When traveling from the South:

Take the 41 Highway North and exit on Friant Ave. Take Friant Ave. East to North Fresno St. Make a left turn at North Fresno St and drive North until you come to a stop sign which will be River Park Place. Make a left at the stop sign and follow the road until you reach our location on your left hand side.

Monday	Tuesday	Wednesday	Thursday	Friday
			AM / PM	

