

FAX REFERRAL REQUEST



Pulmonology

2335 E. Kashian Lane, Suite 260
Fresno, CA 93701
559.256.5130
559.485.4504 FAX
InspireHealth.org

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: _____

- First Available Physician*
- Eyad Almasri, MD**
General Pulm & Post ICU care
- Hila Azulay, MD**
Pulmonary Hypertension & Interstitial Lung Disease
- Matthew Beutner, MD**
Pulmonary Hypertension & Interstitial Lung Disease
- Kathryn Bilello, MD**
Bronchiectasis & Lung Cancer Screening
- Mohamed Fayed, MD**
Bronchiectasis, Adv. Lung Infections
- Anil Ghimire, MD**
COPD, Asthma
- Evanpaul Gill, MD**
Pulmonary Hypertension & Interstitial Lung Disease
- Pravachan V.C. Hegde, MD**
Interventional Pulmonology
- Vipul Jain, MD**
Asthma
- Pankaj Mehta, MD**
General Pulm & Sleep Medicine,

PFT TESTING ONLY
<input type="checkbox"/> Full PFT (Spiro pre/post, lung volume DLCO)
<input type="checkbox"/> 6 min walk test
<input type="checkbox"/> with O ² titration
<input type="checkbox"/> Spirometry
<input type="checkbox"/> with Bronchodilator
<input type="checkbox"/> Lung Volumes
<input type="checkbox"/> 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:
Inspire Health Pulmonology
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: _____