



Endocrinology
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FAX REFERRAL FORM

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

- First Available, Varsha Babu, MD, Shreela Mishra, MD, Tulsi Sharma, MD, Leonid Vydro, MD, Aleyna Besmer, RDN, Diabetes Class

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

Patient Home Phone: \_\_\_\_\_ Patient Cell: \_\_\_\_\_

Diagnosis (required): \_\_\_\_\_

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

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

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

Insurance: \_\_\_\_\_

REQUIRED PATIENT INFORMATION All information below is needed to schedule an appointment.

- Referral (Must include HMO referral for appointment to be scheduled.)
Patient insurance card and demographics
Last chart notes, H & P
Last lab results/CT reports/Ultrasound reports (must have at least 1) (If Applicable)
Medication list

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

OFFICE USE ONLY:

Appointment Date at UDES: \_\_\_\_\_ Time: \_\_\_\_\_ with Dr.: \_\_\_\_\_

Unable to contact - Referral Closed \_\_\_\_\_