FAX REFERRAL REQUEST

inspire HEALTH MEDICAL GROUP

Sleep Medicine
6733 N. Willow Ave., Suite 107
Fresno, CA 93710
559.435.4700 Office
833.974.4951 Referral Fax
inspirehealth.org

AASM 2022 ACCREDITED Facility Member

Date: _____

Patient Demographics

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Language: _____ Home Phone: _____ Cell Phone: _____

Insurance: _____

Diagnosis *(required):* _____

Referring Physician: _____

Phone: _____ Fax : _____

PCP *(if different from referring):* _____

Allergies: *(please list)* _____

Reason for Referral: _____

Provider

☐ *First Available USPA Provider*

☐ Lourdes DelRosso, MD, PhD, FAASM

☐ Eyad Almasri, MD

☐ Hovig Artinian, MD, MAT, FAAP

☐ Pankaj Mehta, MD

Required Patient Information

NOTE: All information is needed to schedule an appointment.

☐ HMO referral

☐ Patient information and demographics

☐ Medicine list

☐ Most recent chart notes and lab results

☐ Most recent sleep study if done in last year

Appointment Update *(USPA Staff Use Only)*

Appointment Date at USPA: _____ Time: _____ with Dr: _____