inspire HEALTH MEDICAL GROUP

Obstetric & Gynecology
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FAX REFERRAL REQUEST • PHONE 559.443.2694 • FAX 833.973.5496

- ☐ *First Available Physician*
- ☐ Pamela Emeney, RN, MD
- ☐ Shelley McCormack, MD, MAS, PharmD
- ☐ Monica Raible, MD
- ☐ Sonia Rebeles, MD
- ☐ Ellen Middleton, RN, NP, PhD
- ☐ Nazeli Shishoyan, MSN, FNP-BC

Date: _____

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____ Phone: _____

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Cell: _____ Work: _____

Consultation For: _____

Is the Patient Pregnant? (☐ YES ☐ NO)

REQUIRED PATIENT INFORMATION • All information is needed to schedule an appointment

- ☐ Pap Smear
- ☐ Radiology Reports
- ☐ Laboratory Reports
- ☐ Insurance Card
- ☐ Demos
- ☐ Prog Notes
- ☐ Pathology Reports

Special Instructions: _____

_____

Contact person: _____ Title: _____

Phone: _____ Fax: _____ Comments: _____

INTERNAL USE ONLY

Appointment Date: _____ Time: _____ Contact Person: _____

☐ Office Notified ☐ Patient Notified Initials _____