

# FAX REFERRAL REQUEST



## Sleep Medicine

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



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
- ☐ Pankaj Mehta, MD
- ☐ Moon Park, MD
- ☐ Emory Steelman, 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: \_\_\_\_\_