inspire HEALTH MEDICAL GROUP

Orthopaedics
604 N Magnolia, Suite 100,
Clovis, CA 93611
559.320.0531 Office
833.973.5539 Referral Fax
inspirehealth.org

FAX REFERRAL REQUEST · Referrals can be made by faxing this form or calling the office

- ☐ *First Available Physician*
- ☐ **Keiko Amano, MD**
  Shoulder Specialist
- ☐ **Michael Allen, DO**
  Orthopaedic Trauma Fracture Care
- ☐ **Mark Ayoub, MD**
  Orthopaedic Trauma Fracture Care
- ☐ **Kelsey Bonilla, MD**
  Orthopaedic Trauma Fracture Care
- ☐ **Nathan Hoekzema, MD**
  Orthopaedic Hand, Elbow, and Upper Extremity. Fracture Care
- ☐ **Fernando Kamalei Cruz, MD**
  Shoulder and Elbow Reconstruction
  Hand Trauma and Upper Extremity Trauma
- ☐ **Robert Kollmorgen, DO**
  Hip Preservation and Sports Medicine Specialist
- ☐ **Eric Lindvall, DO**
  Post Traumatic Reconstruction/Traumatology
  Pediatric and Adult Fracture Care
- ☐ **Armen Martirosian, MD**
  Orthopaedic Trauma Fracture Care
- ☐ **Arbi Nazarian, MD**
  Hip and Knee Replacement and Revisions
- ☐ **Emilio Robles, MD**
  Orthopaedic Trauma Fracture Care
- ☐ **Lucas Seiler, MD**
  Hand Surgery
- ☐ **Johnny Wang, MD**
  Orthopaedic Trauma Fracture Care

Date: _____

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
- ☐ Copy of Lab Results
- ☐ X-Ray/Ultrasound Reports
- ☐ Films requested from: _____

For delivery to:

604 N Magnolia, Suite 100
Clovis, CA 93611

Special Instructions: _____

_____

Contact person:_____ Title: _____

Phone: _____ Fax: _____ Comments: _____

INTERNAL USE ONLY

Appointment Date: _____ Time: _____ Contact Person: _____

☐ Office Notified ☐ Patient Notified Initials _____