

Cardiology

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Direct Referral Line

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Consultation Referral	resting Referral
□ First Available Physician	*Please include testing order* For testing only. Please mark one:
☐ John Ambrose, MD, FACC	☐ Carotid Ultrasound☐ Echocardiogram
☐ Zaher Fanari, MD, FACC, FSCAI, FABVM	☐ Event monitor
☐ Ganesh Gajanan, MD, FACC, FSCAI	☐ Holter Monitor☐ Nuclear Studies
☐ Mouatoua Mouanoutoua, MD	□Non-Walking □Walking □ Rest/Stress ABI
□ Ankit Rathod, MD	☐ Stress Echocardiogram ☐ Stress Test/Treadmill ☐ Other
Patient Demographics	
Patient Name: DOB:	
Home Phone: Cell Phone:	
Insurance:	
Diagnosis (required):	
Referring Physician:	
Phone: Fax :	
PCP (if different from referring):	
Required Patient Information	
 ☐ HMO Referral - ☐ Authorization ☐ Patient Insurance Card and Demographics ☐ Medication List ☐ Most Recent Chart Notes, Lab Results 	
Appointment Update (UCC Staff Use Only)	
Your Patient is Scheduled at: 🛘 Clovis 🔻 Fresno	
Appointment Date: Time: with Dr.:	