

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 Sleep Medicine Provider
- ☐ Lourdes DelRosso, MD, PhD, FAASM
Restless Leg Syndrome (RLS), Fluent in Spanish
- ☐ Pankaj Mehta, MD
Pulmonology & Sleep Medicine
- ☐ Anant Shukla, MD
Pulmonology & Sleep Medicine
- ☐ Emory Steelman, MD
Sleep Medicine

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: _____