

# FAX REFERRAL REQUEST



**Inspire Health Specialty - Kashian**  
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### GASTROENTEROLOGY

- First Available Physician*
- Muhammad Baraa Hammami, MD**

### HEPATOLOGY

- Marina Roytman, MD**

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Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP (if different from referring): \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Consultation For: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is the Patient Pregnant? ( YES  NO)

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

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- Demographics/Insurance
- Pathology
- Procedure Report(s) (EGD, Colon, EUS, ERCP, etc.)
- Inflammatory Bowel Disease
- Imaging/Scans (CT, MRI, US)
- Second Opinion
- Labs

Special Instructions: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Comments: \_\_\_\_\_

### INTERNAL USE ONLY

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Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Office Notified  Patient Notified Initials \_\_\_\_\_