

FAX REFERRAL REQUEST



Inspire Health Specialty - Kashian
INFECTIOUS DISEASE - VALLEY FEVER
2335 E. Kashian Lane, Suite 280
Fresno, CA 93701
559.320.1090 Office
833.973.5531 INFECTIOUS DISEASE Referral Fax
inspirehealth.org

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

INFECTIOUS DISEASE

- VALLEY FEVER CARE CLINIC
Geetha Sivasubramanian, MD
Clinical Focus: Valley Fever

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
Lab Results
Imaging Reports
Pathology Reports
Culture Reports
Pre-Op Reports
Home Health Notes & Labs
Films requested from
for delivery to:
Inspire Health Specialty - Kashian,
2335 E. Kashian Lane, Suite 280,
Fresno, CA 93701

Special Instructions:

Contact person: Title:

Phone: Fax:

Comments:

INTERNAL USE ONLY

Appointment Date: Time: Contact Person:

Office Notified Patient Notified Initials