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 CENTER**
- ☐ **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 _____