inspire HEALTH MEDICAL GROUP

Orthopaedics
604 N Magnolia, Suite 100,
Clovis, CA 93611
559.320.0531 Office
833.973.5539 Referral Fax
inspirehealth.org

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

☐ *First Available Physician*

☐ **Michael Allen, DO**
Orthopaedic Trauma Fracture Care

☐ **Keiko Amano, MD**
Shoulder Specialist

☐ **Kelsey Bonilla, MD**
Orthopaedic Trauma Fracture Care

☐ **Robert Kollmorgen, DO**
Hip Preservation and Sports Medicine Specialist

☐ **Armen Martirosian, MD**
Orthopaedic Trauma Fracture Care

☐ **Arbi Nazarian, MD**
Hip and Knee Replacement and Revisions

☐ **Lucas Seiler, MD**
Hand Surgery

☐ **Johnny Wang, MD**
Orthopaedic Trauma Fracture Care

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
☐ Copy of Lab Results
☐ X-Ray/Ultrasound Reports

☐ Films requested from: _____

For delivery to:

604 N Magnolia, Suite 100
Clovis, CA 93611

Special Instructions: _____

_____

Contact person:_____ Title: _____

Phone: _____ Fax: _____ Comments: _____

INTERNAL USE ONLY

Appointment Date: _____ Time: _____ Contact Person: _____

☐ Office Notified ☐ Patient Notified Initials _____