inspire HEALTH MEDICAL GROUP

2210 E. Illinois Avenue, Suite
408 Fresno, CA 93701
inspirehealth.org

OBSTETRICS & GYNECOLOGY

FAX REFERRAL REQUEST • PHONE 559.443.2694 • FAX 559.443.2696

- ☐ *First Available Physician*
- ☐ Christopher Downer, MD
- ☐ Pamela Emeney, RN, MD
- ☐ Shelley McCormack, MD
- ☐ Stephanie Melchor, MD
- ☐ Monica Raible, MD
- ☐ Casey Sautter, MD
- ☐ Ellen Middleton, RN, NP, PhD

Date: _____

Referring Physician: _____ Phone: _____

PCP *(if different from referring)*: _____ Phone: _____

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Cell: _____ Work: _____

Consultation For: _____

Is the Patient Pregnant? (☐ YES ☐ NO)

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

- ☐ Pap Smear
- ☐ Radiology Reports
- ☐ Laboratory Reports
- ☐ Insurance Card
- ☐ Demos
- ☐ Prog Notes
- ☐ Pathology Reports

Special Instructions: _____

_____

Contact person:_____ Title: _____

Phone: _____ Fax: _____ Comments: _____

INTERNAL USE ONLY

Appointment Date: _____ Time: _____ Contact Person: _____

☐ Office Notified ☐ Patient Notified Initials _____