

# FAX REFERRAL REQUEST



2335 E. Kashian Lane, Suite 260  
Fresno, CA 93701  
Phone 559.256.5130  
Fax 559.485.4504  
inspirehealth.org

All UPA physicians treat general pulmonary diseases. **If patient needs to be seen ASAP, please choose first available,** or you may choose a specific physician based on your patient diagnosis.

Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

- First Available Physician*
- Eyad Almasri, MD**  
*General Pulm & Post ICU care*
- Hila Azulay, MD**  
*Pulmonary Hypertension & Interstitial Lung Disease*
- Matt Beutner, MD**  
*Pulmonary Hypertension & Interstitial Lung Disease*
- Kathryn Bilello, MD**  
*Bronchiectasis & Lung Cancer Screening*
- Mohamed Fayed, MD**  
*Bronchiectasis, Adv. Lung Infections*
- June Cho, MD**  
*Pre-Op Evals, Upper Airway Disorders*
- Anil Ghimire, MD**  
*COPD, Asthma*
- Pravachan V.C. Hegde, MD**  
*Interventional Pulmonology*
- Vipul Jain, MD**  
*Asthma*
- Pankaj Mehta, MD**  
*General Pulm & Sleep Medicine,*
- Michael Peterson, MD**

<b>PFT TESTING ONLY</b>
<input type="checkbox"/> Full PFT (Spiro pre/post, lung volume DLCO)
<input type="checkbox"/> 6 min walk test
<input type="checkbox"/> with O <sup>2</sup> titration
<input type="checkbox"/> Spirometry
<input type="checkbox"/> with Bronchodilator
<input type="checkbox"/> Lung Volumes
<input type="checkbox"/> Other

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
- X-ray/Ultrasound report
- Films requested from:

for delivery to:  
Inspire Health Pulmonology  
2335 E. Kashian Lane, Suite 260  
Fresno, CA 93701

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

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

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

*Thank you very much for referring your patient to our office!*

**Internal Use Only**

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