

FAX REFERRAL REQUEST



6733 N. Willow Ave., Suite 107  
Fresno, CA 93710  
Phone: 559.435.4700 | Fax:  
559.298.7951

Date: \_\_\_\_\_

Patient Demographics

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Language: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Diagnosis (required): \_\_\_\_\_

Referring Physician: \_\_\_\_\_

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

PCP (if different from referring): \_\_\_\_\_

Allergies: (please list) \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Provider

- First Available USPA Provider
- Lourdes DelRosso, MD, PhD, FAASM
- Eyad Almasri, MD
- Hovig Artinian, MD, MAT, FAAP
- Pankaj Mehta, MD

Required Patient Information

**NOTE: All information is needed to schedule an appointment.**

- HMO referral
- Patient information and demographics
- Medicine list
- Most recent chart notes and lab results
- Most recent sleep study if done in last year

Appointment Update (USPA Staff Use Only)

Appointment Date at USPA: \_\_\_\_\_ Time: \_\_\_\_\_ with Dr: \_\_\_\_\_