

FAX REFERRAL REQUEST



Cardiology

2335 E. Kashian Lane, Suite 240
Fresno, CA 93701
559.320.0545
559.825.8467 Referral Line
559.540.2957 Fax Referral
InspireHealth.org

Direct Referral Line

Fax Referral: 559.540.2957 | Phone: 559.825.8467

Consultation Referral

- First Available Physician
John Ambrose, MD, FACC
Zaher Fanari, MD, FACC, FSCAI, FABVM
Mouatoua Mouanoutoua, MD
Henning Rasmussen, MD
Ankit Rathod, MD

Testing Referral

Please include testing order

For testing only. Please mark one:

- Carotid Ultrasound
Echocardiogram
Event monitor
Holter Monitor
Nuclear Studies
Non-Walking Walking
Rest/Stress ABI
Stress Echocardiogram
Stress Test/Treadmill
Other

Patient Demographics

Patient Name: _____ DOB: _____
Home Phone: _____ Cell Phone: _____
Insurance: _____
Diagnosis (required): _____
Referring Physician: _____
Phone: _____ Fax : _____
PCP (if different from referring): _____

Required Patient Information

- HMO Referral - Authorization
Patient Insurance Card and Demographics
Medication List
Most Recent Chart Notes, Lab Results

Appointment Update (UCC Staff Use Only)

Your Patient is Scheduled at: Clovis Fresno

Appointment Date: _____ Time: _____ with Dr.: _____