

## **General Surgery**

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Date:	Number of Pages:
□ First Available Physicia	□Gerson Araujo, MD
	to operate at the following surgical facilities: Clovis Community Medical ional Medical Center, Fresno Surgerical Hospital, and Saint Agnes
Referring Physician: _	
Phone:	Fax:
PCP (if different from	eferring):
Patient Name:	DOB:
Patient Home Phone:	Patient Cell:
Primary Insurance:	Secondary Insurance:
Patient Consultation	For: (please check all that apply)
☐ Herniorrhaphy (Ingu	nal, Umbilical, Ventral)
☐ Cholecystectomy	
☐ Mass Excision (Cyst o	nd Solid Lesion)
🛘 Other:	
Comments:	
Comments.	

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