



PATIENT REFERRAL

Instructions:

- 1. Please print the most current information for the patient as requested below or attach most current face sheet. Be sure to complete all sections.
2. Fax in this form to our office: (559) 431-0301
3. We are unable to accept any incomplete referrals. Please fill out all required information, patients full name, date of birth, address, phone numbers, correct/all insurance information, if HMO plan-authorization(s) for appointment, guarantor's info (if minor), all referring office information and treatment needed. Clear copies of insurance card(s) and photo ID are required to process your patient's referral.

Patient Information

Patient's Full Name: (First) (Last)

Patient's Mailing Address

City State Zip

Home Phone ( ) Work Phone ( ) Cell ( )

Date of Birth / / Social Security # - -

Marital Status: Single Married Other Sex: Male Female

Emergency Contact: Full Name Phone: ( )

Insurance Information Primary Insurance Coverage Secondary Insurance Coverage

Insurance Company:

Policy Number:

Physician Information

Referring M.D. NPI# Fax #

Diagnosis Description (not code)

Richard S. DeMera M.D. - Office: Fresno Visalia

Bret E. Sherman M.D., Ph.D., FACS

Jennifer Ruch CPNP

Jessica Halstead FNP-C

Maelyn McCarty MA, CCC-SLP

Note to Referring Physician's Office

- Please send us any relevant medical records.
Please have patient bring any relevant films or scans.
Please direct all correspondence to our Fresno Office address.

Appointment Information - SECTION TO BE COMPLETED BY DAAENT

Physician

Appointment Date / / Time

Scheduler Date