



# Unified Endocrine & Diabetes Care

7750 N. Fresno Street, Suite 101, Fresno, California 93720

P: (559) 272-9192 | F: (559) 648-6674

## Patient Referral Form

Thank you for choosing to refer your patient to Unified Endocrine & Diabetes Care. To start the referral process, please complete this form and fax it directly to our office.

- Send brief, pertinent medical records, including test results and imaging, that support the consultation.
- Send a copy of the patient’s insurance card (both sides).
- For help referring a patient, call (559) 272-9192.

Date: \_\_\_\_\_ To: **Chhaya Makhija, M.D.**

No. of pages: \_\_\_\_\_ Fax: **(559) 648-6674**

### PATIENT INFORMATION

Name of patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Parent or caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### CONSULTATION REQUEST INFORMATION

Diagnosis/ICD-9/10: \_\_\_\_\_

Reason for consultation (please describe briefly): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please avoid terms like – “hormonal imbalance” & “generalized fatigue”. By providing the information requested and signing below, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics in association with this consultation. We look forward to collaborating with you on your patient’s treatment plan.

### REFERRING PHYSICIAN INFORMATION

Referring Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

Primary care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.

Please note, we are an out-of-network provider. Refer to [www.unifiedendocrinecare.com](http://www.unifiedendocrinecare.com) for more information.