

Community Diabetes & Endocrine Specialists

782 Medical Center Drive East, Suite 301
Clovis, California 93611
Office: (559) 387-2120 | Fax: (559) 387-2125



Referrals can be made by faxing this form to our office.

Date: _____

FAX REFERRAL REQUEST

Number of Pages: _____

- Soe Naing, M.D. Sartaj Sandhu, M.D. Myet Mon Zin, M.D.
- Freddy Espinoza, NP-C Registered Dietician First Available

REQUIRED PATIENT INFORMATION

- HMO Referral
- Insurance Auth (Ex: TRICARE, Worker's Comp, etc.)
- Copy of Insurance Card/Demographic Sheet
- Last 2 Chart Notes
- Labs: Bloodwork and Pathology Reports
- Imaging Reports: Bone Density, Ultrasounds, CT/MRI

*** NOTE: All information and radiology reports are needed to schedule an appointment. ***

Referring Physician: _____ Phone: _____

PCP (If different from referring): _____ Phone: _____

Patient Name: _____ Patient DOB: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation For: _____

Insurance: _____

Thank you very much for referring your patient to our office.
***Additional questions, please contact Lia Lee, Referral Coordinator, at (559) 387-2120 or
 by email at LLee7@communitymedical.org***

INTERNAL USE ONLY

Appointment Date: _____ Time: _____ Contact Person: _____