

**Community Rheumatology Specialists**

782 N. Medical Center Drive East, Suite 305  
Clovis, California 93611  
Office: (559) 387-2140 | Fax: (559) 387-2145



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

Date: \_\_\_\_\_

# FAX REFERRAL REQUEST

Number of Pages: \_\_\_\_\_

Anna Kazaryan, M.D.    Sarah Kaptryan, NP    First Available

### REQUIRED PATIENT INFORMATION

HMO Referral

Last 2 Chart Notes

Insurance Auth (Ex: TRICARE, Worker's Comp, etc.)

Labs: Bloodwork

Copy of Insurance Card/Demographic Sheet

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 Home Phone: \_\_\_\_\_ Patient Cell: \_\_\_\_\_

Consultation For: \_\_\_\_\_

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

***Thank you very much for referring your patient to our office.***

***Additional questions, please call our office (559) 387-2140.***

### INTERNAL USE ONLY

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Person: \_\_\_\_\_