



UroGynecology

SPECIALTY CENTER

A MEMBER OF COMMUNITY FOUNDATION MEDICAL GROUP & PART OF SANTE HEALTH FOUNDATION
Female Pelvic Medicine & Reconstructive Surgery
Fellowship Trained & Board Certified Specialists

Date: _____

Benjamin Steinberg, DO, FACOG Jason Meade, DO, FACOOG

Tara Brah, MD, FACOG

Gloria Lovering, NP-C Kaitlyn Crouch, PA-C Deborah McBride NP

REFERRAL FORM

PATIENT DEMOGRAPHICS

PLEASE PRINT AND INDICATE THE PATIENTS NAME AS IT APPEARS ON THE INSURANCE CARD(S)

Patient Name	DOB	Phone
Address	City	Zip Code
Type of Insurance		
Please select Diagnosis(s): <input type="checkbox"/> Urinary Incontinence <input type="checkbox"/> OAB <input type="checkbox"/> Pelvic Organ Prolapse (cystocele/rectocele) <input type="checkbox"/> Recurrent UTI's <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Vaginal Atrophy <input type="checkbox"/> Interstitial Cystitis <input type="checkbox"/> Female Sexual Dysfunction <input type="checkbox"/> Viveve Consult <input type="checkbox"/> Other _____ <input type="checkbox"/> MIGS- Dr. Tara Brah <input type="checkbox"/> Abnormal uterine bleeding <input type="checkbox"/> Endometriosis <input type="checkbox"/> Fibroids <input type="checkbox"/> Adnemoysis <input type="checkbox"/> Polyps <input type="checkbox"/> Adnexal Cyst <input type="checkbox"/> Cesarean Scar Defects <input type="checkbox"/> Uterine Septum.		
Referring Physician:		
Referral Contact	Phone	Fax

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION (IF POSSIBLE)

- Demographics sheet and copies of the insurance card(s) (front and back)
- Physician progress notes and labs
Radiology reports including CT, MRI, ultrasound, x-ray, etc.

PLEASE NOTE:

- Please allow our office 72 hours to respond. Appointments will be scheduled upon receiving completed request. We will contact the patient to schedule an appointment with our office.

Scheduling contact information (fax all correspondence to the number below):

Phone: 559 321-3012 Fax: 559 321-2940

****PATIENT WILL ONLY BE SCHEDULED ONCE COMPLETED REFERRAL IS RECEIVED****

7050 N Recreation Ave., Suite 105 Fresno, CA 93720 • Phone: 559-321-2930 • Fax: 559-321-2940

www.urogynecology.com