



CENTRAL CALIFORNIA HEART AND LUNG SURGERY

A Member of Santé Foundation Medical Group & part of Santé Health Foundation

Request for Referral

- Leheb H. Araim, M.D. Shamsuddin Khwaja, M.D. John C. Lin, M.D.
 Heidi J. Reich, M.D. Jeremy J. Song, M.D. Robert D. Stewart, M.D.

Request From: _____ (Physician's full name)

Physician address _____

Phone: _____ **Fax:** _____ **Contact:** _____

Patient Name: _____ **Social Sec #** ____ - ____ - ____
(Last, First, Middle Initial) (Required)

Diagnosis _____ **DOB** ____/____/____ **Sex:** Male Female

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Insurance Type (Please provide authorization)

1. _____ 2. _____

Subscriber Name _____ **DOB:** _____

Relationship to Patient _____

Please Include the following for your patient to be scheduled

- Demographics
- Copy of Insurance cards
- HMO / or Medi-Cal IPA insurance authorizations / Tri-west, Tri-care Authorizations.
- Clinical; CT scans, recent studies, clinic notes etc.

Confirmation of Appointment:

Appointment Date: _____ **Time:** _____ **FAXED BACK ON:** _____

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