

ADVANCED GASTROENTEROLOGY & HEPATOLOGY ASSOCIATES

A MEMBER OF SANTÉ FOUNDATION MEDICAL GROUP &
PART OF SANTÉ HEALTH FOUNDATION

REFERRAL FAX SHEET

7055 N. Maple Ave, Suite #106
Fresno, CA 93720

Phone: (559) 297-2259
Fax: (559) 297-2269

ROUTINE

Date: _____

URGENT

Number of Pages: _____

Please select one:

MUHAMMAD SHEIKH, MD, FACP, FACG, AGAF

JAYANTA CHOUDHURY, MD, MRCP

MANDEEP SINGH, MD

ANY PROVIDER

Referring Physician: _____

Patient Name: _____ Patient DOB: _____

Please select all that apply:

CONSULTATION

PROCEDURE

CLINICAL TRIAL (NASH/FATTY LIVER)

Referring Physician Diagnosis (required): _____

Required Patient Information with Referral: **HMO/TRICARE AUTH IF APPLICABLE**. COPY OF INSURANCE CARD(S), CURRENT MEDICATION LIST, COPY OF CHART NOTES, MOST RECENT LABS & IMAGING STUDIES, PATIENT CONTACT & DEMOGRAPHIC INFORMATION. IF ITEMS ARE MISSING, REFERRAL MAY BE RETURNED.

SPECIAL INSTRUCTIONS:

REFERRING OFFICE CONTACT INFORMATION:

STAFF MEMBER: _____

PHONE NUMBER: _____ FAX: _____