



Oral Maxillofacial/ENT Surgery Services VICTOR M. DUARTE, MD NORTH MEDICAL PLAZA 215 N FRESNO STREET #490 FRESNO CA 93701

Phone: (559) 459-4101 FX- 559-459-5744

CONSULTATION REFERRAL FORM

	Today's Date: DOB:	
Patient's Name:		
Address:	City/State/Zip:	
Home Phone Number:	Cell/Other:	
Appointment:		
Date	Time	Primary Language
Referring Provider (full name please):		
Address & Zip Code:		
*Referring Provider NPI (REQUIRED): _		
Referring Provider Fax #:	Office #:	
Office e-mail:		
Practice/Service Requested		
Reason for consultation		
Date of injury or onset of illness		
For Diagnostic Services, test requested		
Indication for test		
Radiographs Available: 🗆 Yes 🗅 No	Report Available: Yes No	
$EMAIL: \underline{ucsffresnoomfs@communityn}$	nedical.org	
INSURANCE COVERAGE: Please include copies	s of ALL billing information	
Dental Coverage: □ Yes □ No *** Medica	ıl Coverage: □ Yes □ No	

Please fax copy of ALL Insurance information to: (559) 459-5744