

Please indicate the urgency of the visit:

- Urgent, STAT  
 Within: \_\_\_\_\_  
 Next Available

## UROLOGY REFERRAL FORM

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

### PATIENT DEMOGRAPHICS

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

Patient Name	DOB	Phone
Address	City	Zip Code
Type of Insurance (Please include all)		
<b>Requested Provider</b>		
<input type="checkbox"/> Narayana Ambati, M.D.	<input type="checkbox"/> Benjamin Steinberg, D.O. (Urogynecologist)	
<input type="checkbox"/> Kuldip Behniwal, M.D. (Main Office)	<input type="checkbox"/> Kuldip Behniwal, M.D. (Madera Office)	
<input type="checkbox"/> Gilbert Dale, M.D.	<input type="checkbox"/> Paul Grewall, M.D.	
<input type="checkbox"/> Robert Julian, M.D.	<input type="checkbox"/> Christopher Julian, M.D.	
<input type="checkbox"/> Yuk-Yuen Leung, M.D.	<input type="checkbox"/> William Schiff, M.D. (Main Office)	
<input type="checkbox"/> Jamie DiPietro, D.O.	<input type="checkbox"/> William Schiff, M.D. (Sexual Dysfunction Clinic)	
<input type="checkbox"/> No Urologist Preference		
Diagnosis	Referring Physician	
Referral Contact	Phone	Fax

**PLEASE INCLUDE THE FOLLOWING DOCUMENTATION (IF APPLICABLE):**

- 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 have patient bring a CD of radiology studies)

**PLEASE NOTE:**

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

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

Dr. Ambati, Dr. Leung, Dr. Robert Julian

Dr. Behniwal, Dr. Dale, Dr. Schiff

Dr. Steinberg, Dr. Grewall, Dr. DiPietro and Dr. Christopher Julian

Phone: 559-321-2810

Phone: 559-321-2820

Phone: 559-321-2830

Fax: 559-321-2818

Fax: 559-321-2828

Fax: 559-321-2838