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Visalia  
 820 So. Akers St., Ste 120  
 Visalia, CA 93277

Porterville  
 384 Pearson Drive  
 Porterville, CA 93257

Hanford  
 125 Mall Drive, #211B  
 Hanford, CA 93230

Tulare  
 1062 No. Cherry St., Suite 1064  
 Tulare, CA 93274

Fresno  
 1646 E. Herndon Ave., Suite 106  
 Fresno, CA 93720

Call (559) 625-4118 for All Locations

**REFERRAL REQUEST FORM**

Today's date: \_\_\_\_\_  Urgent (within 1 week)  Next Available

Dialysis Center Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Treatment Days of the Week: \_\_\_\_\_

**Reason for Referral:**  Abdominal Aortic Aneurysm (AAA)

Peripheral Arterial Disease (PAD)       Peripheral Vascular Disease (PVD)

Venous Insufficiency (leg pain, heaviness, or swelling)       Carotid Stenosis

Fistula/Dialysis       Varicose Veins/Spider Veins       Leg or foot ulcer

✓ **NEW ACUTE DVT → please send directly to the Emergency Room**

**Other:** \_\_\_\_\_

**Pertinent notes to diagnosis**\*\*\*  DEMOGRAPHICS  INSURANCE CARDS  H&P  X-RAY  LABS

(Mark appropriate box X)

Visalia Office       Porterville Office       Hanford Office       Tulare Office       Fresno Office

Referring Physician: \_\_\_\_\_ NPI#: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Contact Person or Person completing this form: \_\_\_\_\_

\*\*\*\*\*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell # \_\_\_\_\_

**\*If the patient's Health Plan Requires Prior Authorization for Consultation, authorization must be received by our office before we can schedule your patient.**

**Please Fax Referrals and Authorizations to (559) 625-6004. Thank you!**