



215 N. Fresno St., Suite 370, Fresno, CA 93701 559-459-BEAR (2327) FAX: 559-459-1539

Referi	ral to: If specific MD des	ired:	Log #	Date://	
Last, F	irst Name:			DOB:	
Addres	s:				
City:				State: Zip:	
CMC A	ccount Number (if known):				
Insurar	nce:				
		Please Print		Adolescent Medicine (requires physician to physician	
Referr	ing Attending:	consultation) Asthma/Pulmonology			
Referr	ing Resident:	Cardiology Cystic Fibrosis			
	ng Organization:	Dermatology Endocrine/Diabetes			
	SS:			Gastroenterology	
	ct Person:			Hematology	
		Neurology Orthopedics			
Primar	y Care Physician (if different):	Last, First		Rheumatology Urology	
ınt	Language:	S	SN:		
Patient		Evening Pho		Out of County	
-	Baytimo i none.			County	
mation By Provider	Routine (Fax) ASAP (2-5 days) (Fax & Call) ER - Urgent Follow-up URGENT (0-48 hours) Approved By Doctor: Diagnosis/Reason for Referral (Must Complete): History pertinent to Referral:				
linical Information Completed By Pro					
orm od B					
nical Infor ompleted					
nica omp					
C To Be					
ř					
	-	MRI ☐ Yes ☐ No			
		npleted:		_	
				Additional information being faxed	
Date:	Time:	Provider Signatu	re:	ID#:	
Appointment: Date:// Time: Scheduled by: EXT					

Community Medical Centers Pediatric Specialty

Physician Referral Form Pediatric Specialty Clinics

NS6237 (3/1/18) Page 1 of 1



3/1/18 C110 / NS6237 54

Bar Code Translation 12/15/05



12/17/04 - Bar Code position cannot move. .125 clear "quiet" area required on all 4 sides. Bar code appears on face, ply one only.

File Specification Information

Document Size	Gripper / Lock-Up	Stub	Imprint			
8.5 x 11	All	N	N			
Punch	Numbering	Binding	Registering Plys			
2 T	N	N	N			
Screens	Backer(s) and Percentage	Backer(s) and Percentage				
N	N	N				
Color(s)						
Blk						
File Information / Master Page						

Otha