



WEST COAST PODIATRY, INC.

724 Medical Center Dr. E., Ste. 102
Clovis, CA 93611
Phone: 559-298-7533
Fax: 559-900-4761

6335 N. Fresno St., Ste. 208
Fresno, CA 93710
Phone: 559-435-0220
Fax: 559-435-9160

DOCTOR REFERRAL FORM

Date: _____ Emergency Urgent Referral Next Available Appointment

Patient Name: _____ Date of Birth: _____

Primary Insurance: _____ PPO HMO (please include auth)

Secondary Insurance: _____

Diagnosis: _____ Is patient diabetic? Yes No

Referring Physician's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Referral Coordinator's Name: _____

Phone Number: _____ Extension: _____

Please include:

- Recent office notes
- Recent labs & radiology (pertaining to diagnosis)
- List of medications
- patient Demographics
- Insurance card (front and back)

FOR OFFICE USE ONLY

Referral Received On:	
Scheduled For:	
1st Attempt:	
2nd Attempt:	
3rd Attempt:	