



AFFILIATED PHYSICIAN PRACTICE INC.

Kala Dharma, MD
Obstetrics & Gynecology

Stephen A. DeSantis, MD, FACS
General Surgeon

Jonathan J. Mayer, MD, FACOG, FACS
Obstetrics & Gynecology
Pediatric & Adolescent Gynecology

Bakht Roshan, MD
Infectious Disease

New Patient Referral

(559) 675-8990 Fax (559) 675-8994

Patient Information

Last Name: _____ First Name: _____

Phone Number: _____ DOB: _____ Male: _____ Female: _____

Street Address: _____ City/Zip Code: _____

Mailing Address: _____ City/Zip Code: _____

Insurance: _____ Policy Number: _____

Referral Information

Refer to:

General Surgery Stephen A. DeSantis, MD, FACS

Infectious Disease Bakht Roshan, MD

Obstetrics & Gynecology Kala Dharma, MD Jonathan J. Mayer, MD, FACOG, FACS

Pediatric & Adolescent Gynecology Jonathan J. Mayer, MD, FACOG, FACS

Reason for Referral: _____ ICD 10: _____

Referring Provider: _____

Office Phone: _____ Office Fax: _____

Please provide all applicable referral information including: progress notes, medical imaging and lab reports. Include a copy of the patient's identification along with the front & back of insurance card (s).

We will schedule the appointment with the patient directly. Please note if you would also like to be notified of the appointment date and time.

_____ Yes, please confirm my patient's appointment date.

_____ Referring provider's office notified: _____
By Date Method

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