



Visalia OB/GYN Medical Associates

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Mark D Wiseman, MD

Lori Anne M Boken, MD

Blaine Lake, MD

Sandra J Bosman, MD

Maya Ricci, FNP

Rita Barron, CNM FNP

PATIENT REFERRAL REQUEST

Date: _____

Refer to: Dr. Wiseman

Maya Ricci, FNP

Dr. Boken

Rita Barron, CNM FNP

Dr. Lake

Dr. Bosman

Referring Physician Information:

Physician Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____ Phone: _____

Patient's Name: _____ DOB: _____

SSN: _____ Phone: _____ Cell: _____

Address: _____

Primary Insurance: _____ ID #: _____

Secondary Insurance: _____ ID #: _____

Authorization Required: YES NO PENDING

Referring Diagnosis: _____

Please fax all progress notes, lab results, pap results, ultrasound reports and a copy of front and back of insurance cards to 559-713-0965.

Please do not fax documents over 15 pages.

Patient Acct #: _____ Appointment: _____ Paperwork Mailed: _____