POMONA CAMPUS
255 E. Bonita Avenue
Pomona, CA 91767

909/596-7733
Fax 909/596-6253
Specialty Clinic 909/450-0158

REFERRAL TO SPECIALTY CENTER PHYSICIANS

Patient Name ____________________ DOB ____________________

Address ____________________ Phone ____________________

City/State/Zip ____________________ Primary language ____________________

DIAGNOSIS/REASON FOR REFERRAL (Include problem and specify site; please be as detailed as possible) ____________________

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PLEASE PROVIDE THE FOLLOWING:

- ❏ Consultation and follow-up treatment
- ❏ Evaluation and follow-up treatment
- ❏ Second opinion
- ❏ Recommend protocol
- ❏ Call to collaborate

Specialty Programs and Procedures

POMONA CAMPUS

REFERRED FOR:

- ❏ Cardiology
- ❏ ECG
- ❏ EMG
- ❏ Hyperbaric Medicine
- ❏ Kidney Disease & Hypertension
- ❏ Multiple Sclerosis
- ❏ Neurology
- ❏ Neuro-Optometry & Low Vision
- ❏ Parkinson's / Movement Disorders
- ❏ Physical Medicine / Rehabilitation
- ❏ Podiatry / Foot & Ankle
- ❏ Pulmonology
- ❏ Senior Evaluation
- ❏ Spasticity
- ❏ Spine / Back Pain
- ❏ Weight Management
- ❏ Wound Care
- ❏ Other ____________________

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REFERRED TO ____________________
(physician)

FOR ____________________

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Physician: In order to provide a comprehensive consultation, please fax pertinent medical records.

Comments ____________________

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Physician Name ____________________

Signature ____________________

Date ____________ UPIN ____________

Phone ____________ Fax: ____________

Address ____________________

City/State/Zip ____________________

CASA COLINA
Hospital and Centers for Healthcare

POMONA

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