



Visalia *Women's*  
Specialty Medical Group, Inc.

Andrea B. Boone, MD  
Dean Levitan, MD  
Julie Howison, FNP  
Shay Ventura, FNP

### Patient Referral Request

Date: \_\_\_\_\_

Refer to:

- Dr. Boone                       Dr. Levitan
- Julie Howison, FNP     Shay Ventura, FNP
- First Available Provider

Referring Physician Name \_\_\_\_\_

- Address \_\_\_\_\_
- Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
- Office Staff Contact \_\_\_\_\_

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

- Address \_\_\_\_\_
- Telephone Number \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Authorization Required  YES     NO     Pending

Reason for Referral \_\_\_\_\_

**\*\*Please fax recent progress notes, lab results, last pap smear result, ultrasound results, and a copy of the front and back of patient's insurance card.**

Patient Appt. Scheduled \_\_\_\_\_ Patient Notified \_\_\_\_\_ Referring Office Notified \_\_\_\_\_