

## To refer a patient: Fax to 866-829-2214

### Men's Health/General Urology

- Michael K. Louie, M.D.
- Mrinal Dhar, M.D.

#### REFERRING PHYSICIAN:

Dr. \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### PATIENT:

Name \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

#### TO: UCI HEALTH CHINO HILLS

15944 Los Serranos Country Club  
Drive Suite 200A  
Chino Hills, CA 91709  
Phone: 909-627-8521  
Fax: 866-829-2214

CONSULTATION

OTHER \_\_\_\_\_

Name of person sending this referral: \_\_\_\_\_ Date Sent: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

- Include:**
- Authorization (if required)
  - Insurance card copy & demographics
  - Relevant clinical notes

\*\*\* FAILURE TO INCLUDE THE ABOVE MAY CAUSE A DELAY IN PROCESSING

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