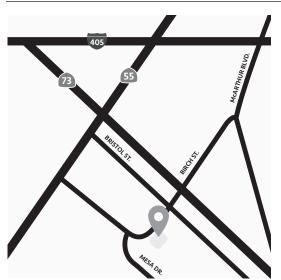
UCI Health

To refer a patient: Fax to 877-829-7891

Female Urology	Men's Health/General Urology	Kidney Stones/Endourology	Oncology	
Judy Choi, M.D.Dena Moskowitz, M.D.	Ross Moskowitz, M.D.Ronald S. Solomon, M.D.	Ralph V. Clayman, M.D.Jaime Landman, M.D.	☐ Cory Hugen, M.D.☐ Jaime Landman, M.D.	
,,	☐ Faysal Yafi, M.D.	☐ Roshan Patel, M.D.	☐ Edward Uchio, M.D.	
		☐ Ramy Yaacoub, M.D.		
REFERRING PHYSICIAN:		PATIENT:		
Or		Name		
Phone:		— DOB: Phon	ne:	
-ax:		Diagnosis:		
		□ CONSULTATION		
		□ OTHER		
	PORT-BIRCH STREET			
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Phone: 714-456-7				
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Name of person sending this referral:		Date Ser	nt:	
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	• Authoriza	ition (if required)		
	Include: • Insurance	card copy & demographics		
	• Relevant o	clinical notes		



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

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