

## To refer a patient: Fax to 714-779-8003

### Female Urology

Dena Moskowitz, M.D.

### 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 YORBA LINDA**  
**18637 Yorba Linda Blvd.**  
**Yorba Linda, CA 92886**  
**Phone: 714-790-8600**  
**Fax: 714-779-8003**

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