

## To refer a patient: Fax to 714-838-0029

Kidney Stones & Disease

Ramy Yaacoub, M.D.

**REFERRING PHYSICIAN:**

Dr. \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**PATIENT:**

Name \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**CONSULTATION**

**OTHER** \_\_\_\_\_

**TO: UCI HEALTH TUSTIN**  
**1451 Irvine Blvd.**  
**Tustin, CA 92780**  
**Phone: 714-838-8408**  
**Fax: 714-838-0029**

**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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