Physician Specialty Clinics
909/450-0158
Fax 909/593-0096

CASA COLINA
Hospital and Centers for Healthcare

Wound Care and
Hyperbaric Medicine Center
909/450-0227
Fax 909/450-0357

255 E. Bonita Avenue, Pomona, CA 91767

REFERRAL TO PHYSICIAN SPECIALTY CLINICS

Patient Name _____ DOB _____

Address _____ Phone _____

City/State/Zip _____ Primary language _____

DIAGNOSIS/REASON FOR REFERRAL (Include problem and specify site; please be as detailed as possible) _____

_____

_____

PLEASE PROVIDE THE FOLLOWING:

- ❑ Consultation and follow-up treatment
- ❑ Evaluation and follow-up treatment
- ❑ Second opinion
- ❑ Recommend protocol
- ❑ Call to collaborate

Specialty Programs and Procedures

REFERRED FOR:

- ❑ Cardiology
- ❑ Cardiovascular & Thoracic
- ❑ Concussion
- ❑ Ehlers-Danlos Syndrome (EDS)
- ❑ EMG
- ❑ ENT / Otolaryngology
- ❑ Hyperbaric Medicine
- ❑ Infectious Disease
- ❑ Nephrology
- ❑ Neurology
- ❑ Neuro-Optometry
- ❑ Physical Medicine / Rehabilitation
- ❑ Podiatry
- ❑ Pulmonology
- ❑ Senior Evaluation
- ❑ Spasticity
- ❑ Spine / Back Pain
- ❑ Wound Care _____
- ❑ Other _____

_____

REFERRED TO _____ ***FOR*** _____

(physician)

_____

Physician: In order to provide a comprehensive consultation, please fax pertinent medical records.

Physician Name _____

Signature _____

Comments _____ Date _____ UPIN _____

_____ Phone _____ Fax: _____

_____ Address _____

_____ City/State/Zip _____

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POMONA

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Visit us on the web at www.casacolina.org