

Sierra Pacific Arthritis Centers

A Division of American Arthritis & Rheumatology Associates



RHEUMATOLOGY - IMMUNOLOGY - OSTEOPOROSIS

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CONSULTATION REQUEST

IF YOU WISH TO USE YOUR COMPUTER, GO TO sparc.care/Consult

CENTER ___ Visalia ___ Fresno Date of Request: ____/____/2019/20

REQUESTING PROVIDER

Last Name: _____ First Name: _____ NPI # _____

Phone: (559) _____ - _____ Fax: (559) _____ - _____

Referrals Staff Contact: _____

Address: _____ City: _____ Zip: _____

Patient's Diagnosis: _____ Place on Cancellation List? Yes No

Please have your provider or nurse call our office to explain any urgent requests.

PATIENT If you fax an EHR face sheet, only fill in Cell Phone number and verify correct address on face sheet

Last Name: _____ First and Middle Names: _____

Date of Birth: ____/____/____ Cell Phone: (____) _____ - _____ Work Phone: (559) _____ - _____

Address: _____ City: _____ Zip: _____

INSURANCE If you fax an EHR face sheet, only verify correct insurance and fill in Managed Care/Auth

Company: _____ Managed Care? No Yes Auth #: _____

Please Fax this form, a copy of their insurance card, and clinical information to 559 636-7035.

After processing we will fax this form back with the following information as confirmation.

Appt Date: ____/____/2019/20 @ ____:____ AM PM or Patient ___ No Answer ___ Refused

Veronica Benevides, Referrals Coordinator voice: 559 409-2649 fax: 559 636-7035