Abraham J Khan MD Pelvic Health Program Referral Request

☐ Routine ☐ Urgent Date: _____

Referring provider information:

Name : _____ Phone:_____Fax: _____

Address: _____ City: _____Zip:_____

Patient information:

Last Name:_____ First Name: _____MI:_____

DOB: _____ Phone: _____ Gender: ☐ Male ☐ Female

Patient Address:_____

City/State/Zip: _____

Insurance: _____

Language: ☐ English ☐ Spanish ☐ Other: _____

Diagnosis

- ☐ N94.4 Primary Dysmenorrhea
- ☐ N93.9 Abnormal Uterine Bleeding
- ☐ N94.1 Dyspareunia
- ☐ R10.2 Pelvic and Perineal Pain
- ☐ N91.9 Female Genital Prolapse
- ☐ Other_____

Location

- ☐ Medi-cal: Hanford Women's Health RHC: 1025 N Douty St Hanford CA 93230 (559) 537-0170
- ☐ Commercial/Medicare/Self-Pay: AHPN Lacey Medical Plaza: 1524 W Lacey Blvd Suite 206, Hanford CA 93230 (559) 537-0425

Physician: Abraham J Khan MD; Specialty: Minimally Invasive Gynecology; Service Requested: Consultation

Documentation Requested:

- ✓ Relevant clinical notes and test results, i.e., history & physical, pelvic US, last pap
- ✓ Insurance card (front and back)
- ✓ Authorization information (if required)
- ✓ Drivers License / ID
- ✓ Patient demographics/face sheet

Fax completed form to: (888) 243-2928 | Phone: (559) 537-2831