

Cirugía Sin Fronteras | CSF Surgery
3811 Mt. Vernon Ave.
Bakersfield, CA 93306
O: 661.333.5746 | F: 661.327.7255



REFERRAL FORM

***ONLY FOR POTENTIAL SURGICAL PATIENTS WHO ARE MEDICALLY UNINSURED/UNDERINSURED**

***NOT FOR GENERAL OR INTERNAL MEDICINE**

Please send via e-mail to referrals@csfsurgery.com or via fax to 661.327.7255

Referred to:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Gynecology/Obstetrics | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Ear, Nose & Throat | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Ophthalmology |

Date: _____ Clinic or Primary Care Provider: _____

Referrals/Contact (name): _____ Email: _____

Phone Number: _____ ext: _____ Fax: _____

PATIENTS INFORMATION

Name: _____ DOB: _____

Address: _____ Phone: _____

DX: _____

Comments:

Please send a copy of patient's diagnosis, recent imaging studies and lab work.
For any questions, please contact us. Thank You!