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Dina Ibrahim, MD

M. Mansoor Alam, MD

First Available

PATIENT APPOINTMENT INFORMATION

Patient's Name _____ DOB _____
Date of Appointment _____ Time _____
Appointment With _____

CLINICAL INFORMATION

Referring physicians, please fax all records regarding the patient's diagnosis, including any past records obtained to help ensure a timely appointment.

PATIENT HISTORY

- Patient's insurance cards (both sides)
- Patient's demographics (SSN, Phone, Address)

- Consults/H&P's
- Pathology results, biopsy reports
- Operative reports & discharge summary reports
- Labs current & previous
(6 months worth for hematology patients)
- Imaging
(CT, MRI, PET, Bone Scan & X-Rays)
- Endoscopy, bronchoscopy, sigmoidoscopy
colonoscopy
- Chemotherapy/radiation notes or consults
- Prostate ultrasound reports

Gender: M F

SSN: _____ - _____ - _____

Home Phone: () _____ - _____

Address:

_____ Street Address

_____ City State Zip Code

Prior Chemotherapy: Y N

Prior XRT: Y N

Provided by: _____ Phone: _____ Provided by: _____ Phone: _____

PCP: _____

Diagnosis/Symptoms: _____

Notes: _____

Referring Physician _____ Date _____

Phone _____ Fax _____