

Patient Referral / Consult

If you are interested in consulting with Dr. Tehrani or referring a patient to the Serenity Cancer Center, please complete the form below return by fax to (559) 326-7524. If you have any question, please do not hesitate to call our offices at (559) 765-4842.

Date Field _____ Level of Urgency: ASAP Routine

Referring Physician

Physician Name _____ NPI # _____

Office Phone _____ Office Fax _____

Reason for Referral (Dx)

Patient Information

First Name _____ Last Name _____ Date of Birth _____

Cell Phone _____ Home Phone _____

Address _____

Insurance/Payor (primary and secondary)

Primary _____ Secondary _____