



**ENLOE**  
**MEDICAL CENTER**

## **INTERVENTIONAL RADIOLOGY CLINIC**

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**1531 Esplanade**

**Chico, CA. 95926**

**Phone: (530) 332-7378 | Fax: (530) 893-6939**

## **New Patient Referral Form**

To facilitate this request, provide the following information and forward last progress notes, copy of insurance cards, and any outside imaging results to the fax number above. Once all necessary information has been received and reviewed by our provider, we will contact the patient directly to schedule an appointment.

When a pre- or post-procedural consult is required, Enloe's Radiology Department will coordinate this care with the Interventional Radiology Clinic located at: 1600 Esplanade Suite C. Chico, CA 95926.

Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_