

AH Women's 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
Location

- | | |
|--|--|
| <input type="checkbox"/> N94.4 Primary Dysmenorrhea
<input type="checkbox"/> N93.9 Abnormal Uterine Bleeding
<input type="checkbox"/> N94.1 Dyspareunia
<input type="checkbox"/> R10.2 Pelvic and Perineal Pain
<input type="checkbox"/> N91.9 Female Genital Prolapse
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Hanford Women's Health RHC: 1025 N Douty St
Hanford CA 93230
<input type="checkbox"/> Tulare Multispecialty RHC: 2059 Hillman Street
Tulare CA 93274
<input type="checkbox"/> AHPN Lacey Medical Plaza: 1524 W Lacey Blvd
Suite 206, Hanford CA 93230 (opening 3/2025) |
|--|--|

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