

## To refer a patient: Fax to 877-829-7891

### Female Urology

Dena Moskowitz, M.D.

### Men's Health/General Urology

- Ross Moskowitz, M.D.  
 Ronald S. Solomon, M.D.  
 Faysal Yafi, M.D.

### Kidney Stones/Endourology

- Ralph V. Clayman, M.D.  
 Jaime Landman, M.D.  
 Roshan Patel, M.D.  
 Ramy Yaacoub, M.D.

### Oncology

- Cory Hugen, M.D.  
 Jaime Landman, M.D.  
 Edward Uchio, M.D.

### REFERRING PHYSICIAN:

Dr. \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### PATIENT:

Name \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

CONSULTATION

OTHER \_\_\_\_\_

**TO: UCI HEALTH NEWPORT-BIRCH STREET**  
**20350 SW BIRCH ST.**  
**NEWPORT BEACH, CA 92660**  
**Phone: 714-456-7005**  
**Fax: 877-829-7891**

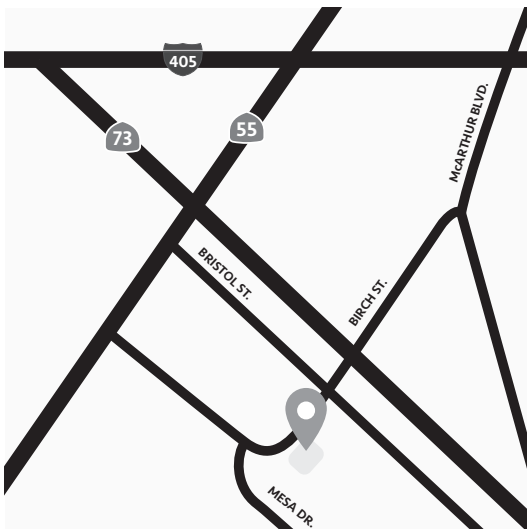
Name of person sending this referral: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### **Include:**

- Authorization (if required)
- Insurance card copy & demographics
- Relevant clinical notes

\*\*\* FAILURE TO INCLUDE THE ABOVE MAY CAUSE A DELAY IN PROCESSING



### **UCI HEALTH NEWPORT-BIRCH STREET**

**20350 SW Birch St.**  
**Newport Beach, CA 92660**  
**Phone: 714-456-7005**  
**Referral Fax Line: 877-829-7891**