



Abiy Meshesha M.D., Inc.

REFERRAL

If your fax cover sheet has your office information that would be sufficient.

From: Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

To: Provider

Abiy Meshesha M.D., Inc.

220 South Akers St. #C

Visalia, CA 93291

Office: (559) 636-8600

Fax: (559) 636-9700

NPI: # 1346472354

Specialty: General Surgery

Attention: Referrals

Patient Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SSN#: _____

You can also fax over your office computer demographic of the patient that you are referring.

Patient D.O.B.: _____

Patient Insurance: _____

Fax copy of Patient's Insurance card.

Reason for referral: _____

Fax any information that pertains to the reason for referral.

Contact Person: _____

Person who we can contact if we have any questions.

Thank you for your referral and we look forward to providing quality care for your patient.
Elena Sellers, Office Manager