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Gurmant P. Singh, M.D.

## Surgery Referral Form

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

Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Insurance: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Referring Provider Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

### General Information

1. Please arrive at your appointment 15-20 minutes before your scheduled appointment time.
2. Please bring with you:
  - Medication List, including all prescribed and over the counter medications and dosage amounts - or - Bring all medications in original bottles.
  - Any x-rays, lab results, and medical records.