



MODERN CONCEPTS
Medical Group

REFERRAL FORM

This form is for the referral of patients from Modern Concepts Medical Group ("MCMG") to a specialist physician for the purposes set out below. The patient may be required to pay any applicable co-pay to this physician at the time of the visit. MCMG requests that documentation of the visit be sent to the MCMG office making the referral.

MCMG Referring Location:

1217 Whittier Blvd
Montebello, CA 90640
Ph: (323) 728-6070
Fax: (323) 728-2912

1701 Cesar Chavez, #354
Los Angeles, CA 90033
Ph: (323) 221-5366
Fax: (323) 221-5473

50 Bellefontaine St., #401
Pasadena, CA 91105
Ph: (626) 793-1931
Fax: (626) 793-0161

Patient Information:

Name: _____ DOB: _____

PCP Name: _____

Health Plan Information: _____ IPA: _____ ID#: _____

Specialist Information:

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Reason for Referral & Clinical History:

Type of Service Requested

Method of Feedback to PCP:

- Evaluation / recommendations, initiate testing and treatment
- Test: _____
- Procedure: _____

- Telephone call to Office
- Send Copy of Notes / Report
- Send Notes, labs, x-ray, and other diagnostic tests performed.

Referring Provider:

- Roberto Madrid, M.D.
- Margaret Herrera, M.D.
- Gustavo Calleros, M.D.
- John Shieh, M.D.
- Kevin Jorgensen, PA-C

- Gabriel Lopez, M.D.
- Violkys Bustamante, PA-C
- Oscar Escobar, PA-C

Provider Signature:

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