



## North East Medical Services

From: **Arbor Free Clinic**  
Alway Building, Suite M116L  
300 Pasteur Drive, MC: 5629  
Stanford, CA 94305  
Phone: (650) 724-1332  
**Fax: (437) 886-8456**  
Email: [arborclinic@stanford.edu](mailto:arborclinic@stanford.edu)

To: **North East Medical Services**  
1715 Lundy Ave, Suites 108-116  
San Jose, CA 95131  
Phone: (408) 573-9686  
**Fax: (408) 573-9685**

**\*\*\* Please FAX all results/follow up material to the above fax number  
(437) 886-8456, DO NOT MAIL \*\*\***

**Date of Referral:**

**Urgency:**

### **Patient Information**

Patient Name:  
Date of Birth:  
Address:  
Phone:  
Language:

**Reason for Referral/Diagnosis:**

**Referring Physician:** Tamara Montacute, MD

Physician Signature  \_\_\_\_\_

### **CONFIDENTIALITY NOTICE:**

This fax communication and any attachments may contain confidential information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this fax in error, please notify the send immediately by calling the phone number above to arrange for destruction of these documents. Thank you!