



## Ravenswood Family Health Center Referral

From: **Arbor Free Clinic**  
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Stanford, CA 94305  
Phone: (650) 724-1332  
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Email: [arborclinic@stanford.edu](mailto:arborclinic@stanford.edu)

To: **Ravenswood Family Health Center**  
1885 Bay Road  
East Palo Alto, CA 94303  
Phone: (650) 330-7400  
**Fax: (650) 321-4009**

**\*\*\* 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:

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