

## **North East Medical Services Referral**

From: Pacific Free Clinic
Alway Building, Suite M116L
300 Pasteur Drive, MC: 5629
Stanford, CA 94305
Phone: (650) 721-2786

Fax: (888) 960-8939

**Date of Referral:** 

Email: <a href="mailto:pacific@med.stanford.edu">pacific@med.stanford.edu</a>

To: North East Medical Services 1715 Lundy Ave, Stes 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 (888) 960-8939, DO NOT MAIL \*\*\*

**Urgency:** 

Patient Information	
Patient Name:	
Date of Birth:	
Address:	
Phone:	
Language:	
Reason for Referral/Diagnosis:	
Referring Physician: Baldeep Singh, MD	
Physician Signature	_
CONFIDENTIALITY NOTICE:	
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