



United Surgical  
ASSOCIATES  
of Kansas City

19101 East Valley View Parkway Suite B, Independence, Missouri 64055  
OFFICE: (816) 254-9292 FAX: (833) 399-2570

**GENERAL SURGERY REFERRAL FORM**

- Dr. Kelly James, MD  
 Dr. Sigi Joseph, MD  
 Dr. Clint Gates, MD

- Dr. Shaan Akhtar, MD  
 Dr. Chelsea Fisher, DO

**Referring Physician:**

Physician's Name: \_\_\_\_\_ NPI \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referral Auth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Insurance: \_\_\_\_\_

Diagnosis/Reason for referral: \_\_\_\_\_

**When possible, please fax patient's demographics & diagnostic test results to our office (833)-399-2570. Inform patient to bring most recent films, and a list of all current medications to their first appointment.**

**Reason for Referral: (Please Check one)**

- Consultation  2nd Opinion  Follow Up