

REFERRAL LETTER

Welcome to the office of Dr. Tranduc...

- For the best patient care, please complete the following patient information box.
- Please **fax** a copy to the office of Dr. Tranduc at (408) 288-9904.
- Please **call** (408) 288-9900 to arrange for an appointment.
- Your **appointment** is on _____ (Date) at _____ (AM / PM).

Patient	Last Name: _____ First Name: _____
	Date of Birth: _____ Allergies: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____
	Home Address: _____ City: _____ Zip: _____
	Current Medications: _____ _____
Physician	Last Name: _____ First Name: _____
	Office Phone: _____ Office Fax: _____
	Office Address: _____
	City: _____ Zip: _____
	Please indicate the preferred way to communicate to your office: <i>Phone / Fax / Letter / E-mail</i>

History of Chief Complaint: _____

Skin/Scalp:	Mass	Lesion	Abscess	Wound	Cancer	Melanoma
	<i>Specify Location:</i> _____					
Breast:	Mass	Pain	Cancer	Nipple discharge	Skin/nipple dimpling	
	Gynecomastia	<i>Specify Location:</i> _____ <i>Left</i> _____ <i>Right</i> _____				
Neck:	Thyroid Nodule	Hyperthyroidism	Hyperparathyroidism	Temporal arteritis		
	Mass	Abscess	<i>Specify Location:</i> _____ <i>Left</i> _____ <i>Right</i> _____			
Abdominal:	Mass	Lesion	Hernia	Wound	Pain	<i>Specify: Acute Chronic</i>
	<i>Specify Location:</i> _____ <i>RUQ (Right Upper Quadrant)</i> _____ <i>LUQ</i> _____ <i>RLQ</i> _____ <i>LLQ</i> _____					
Inguinal:	Mass	Hernia	Pain	<i>Specify Location:</i> _____ <i>Left</i> _____ <i>Right</i> _____		
Gastro-esophageal:	Lesion	Mass	Cancer	Hiatal hernia	Bleeding	Perforation
Small Bowel:	Lesion	Mass	Cancer	Obstruction	Fistula	
Large Bowel:	Lesion	Mass	Cancer	Diverticulitis	Volvulus	
	Obstruction	Fistula	Bleeding	Perforation	Abscess	
Appendix:	Appendicitis	Cancer				
Rectal:	Mass	Abscess	Cancer	Prolapse		
Anus:	Hemorrhoids	Pilonidal cyst		Anal fissure	Abscess	Lesions
Spleen:	Rupture	Splenomegally	ITP	TTP	HS	
Pancreas:	Mass	Cancer	Cyst	Pseudocyst	Pancreatitis	
Gall Bladder:	Stones	Polyps	Cholecystitis	Choledocholithiasis		
Liver:	Abscess	Cyst	Lesions	Jaundice		
Access:	Medi-Port	Udall	G-tube	J-tube	Peritoneal dialysis (PD) catheter	
Other Conditions:	_____					

Map to our office:

Dr. Matthew Tranduc
455 O'Connor Drive
Suite 280
San Jose, California 95128

Our Office Hours are:

Monday-Friday
9am - 5pm

- Please visit our website: www.mtranducmd.com for specific directions.
- Still need help? Please call our office at 408-288-9900.

