

**John Hoefs, MD**  
Hepatologist  
Fax number **949.387.3051**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Phone number I can contact you about this patient:** \_\_\_\_\_

**Any special concerns or issues you would like me to address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for this opportunity to serve your patient!**