

**John Hoefs, MD**

**Hepatologist**

**Ph: 949-748-7474/Fax:949-272-5858**

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

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

**Contact Information:** \_\_\_\_\_

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

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

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