

**Nancy A. Bryant, FNP-C**  
**Immigration Adversity Documentation**

---

344 Flume Street, Suite E  
Chico, California 95928  
Fax 530-342-6134  
Telephone 530-342-6162

Post Office Box 7510  
Chico, California 95927

EZDocuments123@gmail.com

**Referral form**

**Patient's Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City, State, and Zip:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**D.O.B.**

\_\_\_\_\_

**Referral**

**from:** \_\_\_\_\_

\_\_\_\_\_

**Address** \_\_\_\_\_ **Phone**

**#** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:**

\_\_\_\_\_

**Reason for Referral (Please circle):**

**Waivers:**

**A. Suspension of deportation**

**B. Cancellation of removal**

**C. Disability Wavers (N648)**

**D. Provisional:**

- 1. I-601A, persecution or torture (asylum).**
- 2. Victims of crimes (committed by US citizen/resident), domestic violence.**

**Unable to complete documentation for: USCIS Form I-693 (Report of Medical Examination and Vaccination Record).**

After we receive the requested information Nancy Bryant, FNP-C will determine if level documentation is appropriate for our office.

**Please fax this referral form to 530-342.6234**

Thank you for your referral.