

Patient Information

Today's Date _____ Person Making Referral _____

Patient Name _____ Male Female

Date of Birth _____ Social Security Number _____

Language Spoken _____ Race _____ Ethnicity _____

Referring Provider _____ Referring Practice _____

Provider Address _____

Provider Phone _____ Provider Fax _____

Reason for Referral _____

24 hours (requires physician-to-physician phone call) First Available Other _____

Reason for today's visit: Consultation Outpatient Procedure

Check all that apply to this (give specific details below): Cardiology Nephrology Neurology Pulmonology
 Echocardiogram Ultrasound EEG PFTs
 EKG

Guardian/Guarantor Name _____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP Code _____

Primary Insurance _____ ID # _____

Insured Name _____ Date of Birth _____

Insurance Referral/Authorization # _____

Please attach a copy of the primary and secondary (if applicable) insurance cards.

Please fax all pertinent lab and clinical data with this cover sheet to the appropriate office below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Development & Behavioral Health
9 Richland Medical Park Dr., Suite 210
Fax: 803-758-0142 | <input type="checkbox"/> Pediatric Gastroenterology
14 Richland Medical Park Dr., Suite 310
Fax: 803-758-0137 | <input type="checkbox"/> Pediatric Rehabilitation Medicine
9 Richland Medical Park Dr., Suite 410
Fax: 803-758-0139 |
| <input type="checkbox"/> Pediatric Cardiology
9 Richland Medical Park Dr., Suite 210
Fax: 803-758-0136 | <input type="checkbox"/> Pediatric Infectious Disease
9 Richland Medical Park Dr., Suite 410
Fax: 803-758-0139 | <input type="checkbox"/> Pediatric Pulmonology
9 Richland Medical Park Dr., Suite 505
Fax: 803-758-0141 |
| <input type="checkbox"/> Pediatric Concussion Clinic
9 Richland Medical Park Dr., Suite 410
Fax: 803-758-0139 | <input type="checkbox"/> Pediatric Nephrology
9 Richland Medical Park Dr., Suite 270
Fax: 803-434-8607 | <input type="checkbox"/> Pediatric Surgery
9 Richland Medical Park Dr., Suite 500
Fax: 803-434-4599 |
| <input type="checkbox"/> Pediatric Endocrinology
9 Richland Medical Park Dr., Suite 230
Fax: 803-758-0140 | <input type="checkbox"/> Pediatric Neurology
9 Richland Medical Park Dr., Suite 110
Fax: 803-758-0134 | <input type="checkbox"/> Pediatric Urology
9 Richland Medical Park Dr., Suite 420
Fax: 803-434-2834 |
| <input type="checkbox"/> Pediatric Hematology/Oncology
7 Richland Medical Park Dr., Suite 7215
Fax: 803-434-3094 | | |