Please indicate the division you are faxing this referral to:

Children's Specialty Group fax numbers:

\Box Allergy /Immunology 668-7784
☐ Cardiology
☐ Dermatology
\square Developmental Peds
Aiello 668-9905
Montgomery547-1514
☐ Endocrinology 668-8215
☐ Gastroenterology 668-7784
\Box Hematology/Oncology 668-7811
\Box Infectious Disease 668-8275
☐ Medical Genetics 668-9724
☐ Nephrology 668-9814
☐ Neurology 668-9905
☐ Psychology
☐ Pulmonology 668-7784
\square Rheumatology668-7784
Children's Surgical Specialty Group fax numbers:
☐ Neurosurgery 668-7995
☐ Orthopedics &
Sports Medicine 893-6024
☐ Pediatric Surgery 668-8860
☐ Urology 668-7883
Please attach the following:
1. Any pertinent labs
2. Office notes / growth chart
3. Referral / insurance



Outpatient Consultation Fax Form

Dear Dr
We would like you to consult on:
Name of patient:
Patient's age/DOB:
Date/time of appt.:
Diagnoses:
Reason for consultation:
History:
Other problems:
Insurance referral information:
Payer:
Referral number:
☐ Referral not required by payer
☐ Appointment required by payer prior to providing referral
☐ Referral form attached
☐ Referral form given to parent
Referring physician:
Date:

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Appointment Information

☐ Please call to schedule your appointment
☐ Your appointment has been scheduled
Name of physician:
Location:
Date/time of appt.:

Children's Specialty Group	
\square Allergy /Immunology668-	8255
☐ Cardiology668-	7214
☐ Dermatology668-	8922
\square Developmental Peds	
Aiello668-	9920
Montgomery547-	5167
☐ Endocrinology668-	7237
\square Gastroenterology668-	7240
☐ Hematology/Oncology668-	7243

☐ Infectious Disease668-7238

☐ Medical Genetics.........668-9723

☐ Nephrology	668-7244
☐ Neurology	668-9920

☐ Psychology	
☐ Pulmonology	668-7426

\square Rheumatology......668-8572

Children's	Surgical	Specialty	Group
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□ Neurosurgery006-7990
☐ Orthopedics &
Sports Medicine893-6000
☐ Pediatric Surgery668-7703

☐ Urology668-7878