



Referral Form Pediatric Cardiology

Patient Information	
Does this patient live with someone other than the legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes, relationship: _____	
Patient Name:	Date of Birth:
Parent/Guardian:	Parent/Guardian Phone:
Insurance:	Home Phone:

1. Please select the type of referral: STAT Urgent Routine

If Stat or Urgent, please call the clinic (909) 558-8138 or if after hours, please call our doctor-to-doctor line (909) 558-0099.

2. Please describe the patient's chief complaint: _____

To optimize appointment scheduling, please provide the following by FAX: 909-651-4257

- This completed form
- Medical records related to the chief complaint
- A copy of the patient's insurance card
- If authorization is required, was authorization submitted? Yes No Not Applicable

Referring Provider Information

Provider Name: Address: City, State, Zip: Phone: Fax:	OR Provider Stamp
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***Please notify the patient to call our Scheduling Line to make an appointment: 909-558-4207.**