

LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL

Division of Hematology/Oncology

Referral Request



Loma Linda University Children's Hospital
Hematology and Oncology Department
Phone: 909-651-1910 | Fax: 909-651-1933

Thank you for referring your patient to Loma Linda University Children's Hospital Hematology and Oncology department.

Patient Information

Does the patient live with someone other than the legal guardian? No Yes, relationship _____

Name _____ DOB _____ Age _____

Parent/guardian _____

Phone number _____ Cell Home Work

Insurance information _____

1. Is this an emergent hematology/oncology referral? No Yes

If yes, a phone call is required from an MD/NP/RN with clinical information to 909-651-1910, select option one.

2. Please describe the patient's chief complaint and include onset and laboratory results.

3. What is the key question you would like us to answer?

To expedite appointment scheduling, please provide the following by fax to 909-651-1933:

- This completed form
- Medical records related to the chief complaint
- Prior records including current lab results and a growth chart
- Authorization

Referring provider name _____ Phone _____ Fax _____

Provider address _____ City _____ ZIP _____

Provider signature _____ Date _____ Time _____