

# LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL

## Pediatric Diabetes and Endocrine Center

### Referral Request

Phone: 909-558-5138 | Fax: 909-651-4257



#### Patient information

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

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Parent/guardian phone number \_\_\_\_\_  Cell  Home  Work

Insurance information \_\_\_\_\_

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

If STAT or Urgent, please call our doctor-to-doctor line at 909-558-0099.

2. Is this referral for a second opinion?  Yes  No

If yes, please send previous endocrinologist's notes.

3. What is the key question you want us to answer? \_\_\_\_\_

\_\_\_\_\_

#### Reason for referral

Diabetes

General Endocrinology

Includes, but not limited to, thyroid, puberty, adrenal or calcium disorders, growth.

Other Please explain: \_\_\_\_\_

To optimize appointment scheduling, please provide the following by fax to 909-651-4257.

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

Please notify the patient to call our Scheduling Line to make an appointment: 909-558-5138

#### Referring provider information

Provider name \_\_\_\_\_ Provider Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_