

LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL

Pediatric Diabetes and Endocrine Center

Referral Request

Phone: 909-558-5138 | Fax: 909-835-1855



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 email to Refer.PedsEndoDiab@llu.edu or fax to 909-835-1855.

- 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 _____