

LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL

Pediatric Rheumatology Referral Request

Phone: 909-651-1904 | Fax: 909-651-4257



LOMA LINDA
UNIVERSITY
CHILDREN'S
HOSPITAL

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

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

Reason for referral

Pain

Rash

Joint swelling

Fever

High temperature _____

To optimize appointment scheduling, please provide the following by email to Refer.PedsRheum@llu.edu or fax to 909-651-4257.

- This completed form
- Progress notes related to the condition
- Laboratory Tests (ANA, Sed Rate, etc.) Results < 1 year
- X-Rays/CT/MRI reports related to the condition
- 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: 909-651-1904

Referring provider information

Provider name _____ Provider signature _____

Address _____

City _____ State _____ ZIP code _____

Phone _____ Fax _____