The Pediatric Specialty Clinic has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form prior to requesting the referral. Please mark the appropriate box(s) as indicated.

Date_____________________________
To_______________________________
Specialty Clinic_______________________________
Patient_____________________________       DOB______________________

We are unable to process the referral as submitted. Please note the issue identified below. We will be happy to process the referral once the information is complete.

☐ Patients 18 years old and older will not be scheduled in Pediatric Specialty Clinics
☐ Unable to contact patient, appointment cancelled
☐ Incomplete referral, supporting documentation not attached
☐ Incorrect referral form
☐ NICU discharge summary needed
☐ Please refer patient to________________________________________
☐ When referring to the Pediatric Nephrology Clinic, we require the following labs: Urinalysis, CBC, Complete Metabolic Panel (CMP)
☐ We will only accept CPT codes 99244 or 99245 for initial consults
☐ We will only accept CPT codes 99214 or 99215 for follow-up referrals
☐ EEG required for all Epilepsy/Seizure consults
☐ Primary Physician **must provide payor source** for all self-pay patients
☐ Referral must be legible
☐ Please fax completed referral to Referral Center at (909) 580-1634