



Thank you for referring to the pediatric specialist's at Miller Children & Women's Hospital Long Beach. Please complete and include all information requested to expedite the scheduling process for your patient.

Ensure the following are received:

- Completed Form
- Medical Records/Notes
- Growth Chart (if applicable)
- Diagnostic Testing/Labs/Imaging etc.
- Authorization if needed
- Copy of front and back of insurance card or eligibility

Patient Information

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____

Best Contact Number: (_____) _____

If this is an emergent referral, please indicate and a triage nurse will review and fax all clinical information to: _____

Yes No

Please describe the chief complaint

Diagnosis: _____

Referring Provider

Name: _____

Phone: (_____) _____

Address: _____

Signature: _____ Date: _____

Please include authorization for CPT Codes: _____