



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: \_\_\_\_\_