



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