

Santa Ana Location:
1251 E. Dyer Road Suite 150,
Santa Ana, CA 92705
Phone: (949) 333-6400 Opt 1
Fax: (949) 524-4851



Orange Location:
1301 Providence Avenue
Orange, CA 92868

Mission Viejo Location:
23361 Madero, Suite 150
Mission Viejo, CA 92691

Phone: (714) 639-4990
Fax: (714) 744-3841

Evaluation Referral Form

Thank you for referring your patient to Rady Children's Restorative Care. To better serve you and your patient, please provide us with the following information by fax. Please use the following NPI numbers for all locations listed on this form: Commercial Payer Group NPI: 1275975104/Medi-Cal Payer Group NPI: 1942861919.

- ☐ This COMPLETED Form
- ☐ Patient Demographics
- ☐ Copy of Insurance Card
- ☐ Legible Medical Records/Clinical Notes supporting the reason for the referral and diagnosis
- ☐ Insurance Authorization made out to: Rady Children's Restorative Care, including CPT or HCPC codes for the requested referral

Patient Information

Patient Name: _____ DOB: ____/____/____

ICD 10/Chief Complaint: _____

Parent/Guardian Primary Language: _____ Patient Primary Language: _____

Evaluation Modalities

- ☐ 0-3 yrs old ☐ 4-22 yrs old

Occupational Therapy

- ☐ Feeding & Swallow Therapy
- ☐ Fine Motor Activities
- ☐ Cognitive Training
- ☐ ADLS
- ☐ Other: _____

Physical Therapy

- ☐ Strengthening Activities
- ☐ Balance/Coordination
- ☐ Orthotic Recommendations
- ☐ Functional Mobility
- ☐ Soft Tissue Procedures
- ☐ Other: _____

Speech & Language Therapy

- ☐ Articulation/Phonology
- ☐ Language
- ☐ Pragmatics
- ☐ Fluency
- ☐ Voice
- ☐ Other: _____

Specialty Services

- ☐ CIMT ☐ VitalStim
- ☐ Respite Care ☐ Inclusive Childcare
- ☐ Infant Stimulation ☐ Early Intervention
- ☐ Cranio Speech

Physician Stamp

(Provider Name, Address, Phone No., Lic., NPI)

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature: _____

Physician's Name: _____ Date: ____/____/____