CHOC Children's Specialists

Division of Cardiology Referral Request

Division Phone: 714.509.3939 CHOC Children's Scheduling Line 888.770.2462 Fax: 855.246.2329

Thank you for referring your patient to the Division of Cardiology.

Patient Information

Does the patient live with someone other than the legal guardian? ☐ No ☐ Yes, relationship__________________

Patient Name: ________________________________ Date of Birth: ________ / _______ / _________

Parent/Guardian: ________________________________ Parent Phone: ________________________________

Insurance: ________________________________ Parent Cell: ________________________________

1. Is this an **emergent** Cardiology referral? ☐ No ☐ Yes **If yes, requires a phone call from an MD /PA /NP with clinical information to 714.509.3939**

2. Please describe the patient's chief complaint and include onset and laboratory results:

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3. What is the key question you want us to answer?

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To expedite appointment scheduling, please provide the following by FAX 855-246-2329:

- ☐ **This completed form**
- ☐ **Medical records related to the chief complaint**
- ☐ **Pertinent laboratory results**
- ☐ **Patient demographics**
- ☐ **Authorization including CPT Codes 99245, 94760, 93000, 93303, 93325, 93320 and 93306 , or if not applicable a copy of insurance card**

Referring Provider Name: ________________________________ Phone: ________________ Fax:________________

Provider Address:____ City: __________________ Zip: ______________

Provider Signature: ________________________________ Date: _____________ Time: ___________

Updated on 8/31/2017