

New Patient Referral Fax Form

Palmetto Health USC

MEDICAL GROUP

PEDIATRICS

Patient Information

Today's Date _____ Person Making Referral _____

Patient Name _____ Male Female

Date of Birth _____ Social Security Number _____

Language Spoken _____ Race _____ Ethnicity _____

Referring Provider _____ Referring Practice _____

Provider Address _____

Provider Phone _____ Provider Fax _____

Reason for Referral _____

24 hours (requires physician-to-physician phone call) 1 Week First Available Other _____

Reason for today's visit: Consultation Outpatient Procedure

Check all that apply to this (give specific details below): Cardiology Nephrology Neurology Pulmonology
 Electrocardiogram Ultrasound EEG PFTs
 EKG

Guardian/Guarantor Name _____ Date of Birth _____

Home phone _____ Work phone _____ Cell phone _____

Address _____

City _____ State _____ Zip Code _____

Primary Insurance _____ ID # _____

Insured Name _____ Date of Birth _____

Insurance Referral/Authorization # _____

Please attach a copy of the primary and secondary (if applicable) insurance cards.

Please fax all pertinent lab and clinical data with this cover sheet to the appropriate office below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Development & Behavioral Health
8301 Farrow Road
Fax: 803-935-5206 | <input type="checkbox"/> Pediatric Gastroenterology
2113 Adams Grove Rd., Suite 200
Fax: 803-254-2090 | <input type="checkbox"/> Pediatric Pulmonology
9 Richland Medical Park Dr., Suite 505
Fax: 803-434-2181 |
| <input type="checkbox"/> Pediatric Cardiology
9 Richland Medical Park Dr., Suite 110
Fax: 803-434-2262 | <input type="checkbox"/> Pediatric Infectious Disease
9 Richland Medical Park Dr., Suite 210
Fax: 803-434-7983 | <input type="checkbox"/> Pediatric Surgery
9 Richland Medical Park Dr., Suite 500
Fax: 803-434-4599 |
| <input type="checkbox"/> Pediatric Endocrinology
9 Richland Medical Park Dr., Suite 230
Fax: 803-434-4669 | <input type="checkbox"/> Pediatric Nephrology
9 Richland Medical Park Dr., Suite 270
Fax: 803-434-8607 | <input type="checkbox"/> Pediatric Urology
9 Richland Medical Park Dr., Suite 420
Fax: 803-434-2834 |
| <input type="checkbox"/> Pediatric Hematology/Oncology
7 Richland Medical Park Dr., Suite 7215
Fax: 803-434-3094 | <input type="checkbox"/> Pediatric Neurology
9 Richland Medical Park Dr., Suite 110
Fax: 803-434-7981 | |