New Patient Referral Fax Form

Palmetto Health USC
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
☐ Echocardiogram ☐ 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:

☐ Child Development & Behavioral Health
9 Richland Medical Park Dr., Suite 210
Fax: 803-434-1920

☐ Pediatric Cardiology
9 Richland Medical Park Dr., Suite 110
Fax: 803-434-2262

☐ Pediatric Endocrinology
9 Richland Medical Park Dr., Suite 230
Fax: 803-434-4669

☐ Pediatric Hematology/Oncology
7 Richland Medical Park Dr., Suite 7215
Fax: 803-434-3094

☐ Pediatric Gastroenterology
2113 Adams Grove Rd., Suite 200
Fax: 803-254-2090

☐ Pediatric Infectious Disease
9 Richland Medical Park Dr., Suite 210
Fax: 803-434-7983

☐ Pediatric Nephrology
9 Richland Medical Park Dr., Suite 270
Fax: 803-434-8607

☐ Pediatric Neurology
9 Richland Medical Park Dr., Suite 110
Fax: 803-434-7981

☐ Pediatric Pulmonology
9 Richland Medical Park Dr., Suite 505
Fax: 803-434-2181

☐ Pediatric Surgery
9 Richland Medical Park Dr., Suite 500
Fax: 803-434-4599

☐ Pediatric Urology
9 Richland Medical Park Dr., Suite 420
Fax: 803-434-2834