

Pediatric Cardiology Referral Request Form

- Send completed form along with a copy of insurance card, authorization and clinical documentation including reports/images of all previous cardiac testing/procedures by fax to **415-353-4144**.
- Our office can be reached Mon-Fri, 8 am-4:30 pm. **San Francisco phone: 415-353-2008; Oakland phone: 510-428-3380**.
- For urgent consultations after-hours, please page **415-443-4547**.
- Find this form online: www.ucsfbenioffchildrens.org/clinics/heart_center
- For information about our Fetal Heart Center, please go to www.fetalheart.org.

PATIENT INFORMATION

Date of Referral (mm/dd/yyyy): _____

Patient First Name: _____

Patient Last Name: _____

DOB (mm/dd/yyyy): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

DOB (mm/dd/yyyy): _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email: _____

Home phone: _____

Work phone or **Cell phone:** _____

REASON FOR REFERRAL

URGENT (1-2 days) **Routine** (7-14 days)

Name of MD I want my patient to see (if applicable): _____

ICD-10: _____

Description: _____

Additional explanation: (Additional details, including information about fetal indications, if known):

SERVICES REQUESTED & CPT CODES

An initial evaluation usually includes an EKG and/or Echo. Requests will be reviewed by the cardiologist to ensure appropriate scheduling.

- Cardiac MRI**
- Catherization**
- Consultation | 99205 (new) or 99215 (established)**
- Echocardiogram | 93303, 93306, 93320, 93325**
- Electrocardiogram | 93000**
- Electrophysiology**
- Holter Monitor | 93224, 93226, 93227**
- Stress Test | 93016, 93017, 93018**
- Other** _____

INSURANCE AUTHORIZATION

If your patient requires insurance preauthorization, please fax or send the confirmation to us prior to the appointment date. UCSF Tax ID# 94-3281666.

- No authorization required**
- Authorization pending**
- Authorization #** _____

REFERRING PHYSICIAN INFORMATION

Name: _____

Phone: _____

Submitting Office Contact Information

Name: _____

Phone: _____

Email: _____

PREFERRED LOCATION

Check all that apply

- San Francisco**
- Oakland**
- East Bay:** Berkeley, Fremont, Pleasanton
- Contra Costa:** Brentwood, San Ramon, Walnut Creek
- North Bay:** Fairfield, Greenbrae, Napa, Santa Rosa
- Far North:** Eureka, Ukiah
- South Bay:** Los Gatos, Monterey, San Mateo, Salinas
- Central Valley:** Modesto, Sonoma, Stockton