UCSF Benioff Children's Hospitals
Pediatric Heart Center

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) 353-4485**.
- Our office can be reached Monday-Friday, 8 a.m. - 4:30 p.m. **San Francisco phone: (877) 822-4453 (877-UC-CHILD); Oakland phone: (510) 428-3380**.
- For urgent consultations after hours, please page **(415) 502-1105**.
- Find this form online form at www.ucsfbenioffchildrens.org/heart.

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**
___ **Catheterization**
___ **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**
___ **Alameda County:** Berkeley, Fremont, Pleasanton
___ **Contra Costa County:** Brentwood, San Ramon, Walnut Creek
___ **North Bay:** Fairfield, Greenbrae, Napa, Santa Rosa
___ **Far North:** Eureka, Ukiah
___ **South Bay:** Los Gatos, Monterey, Salinas, San Mateo
___ **Central Valley:** Modesto, Sonora, Stockton

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