

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. at (877) 822-4453 (877-UC-CHILD).
- For urgent consultations after hours, please call (415) 353-2008.
- Please find this form online 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

☐ Catherization

☐ Consultation | 99205 (new) or 99215 (established)

☐ Echocardiogram | 93303, 93306, 93320, 93325

☐ Electrocardiogram | 93000

☐ Electrophysiology

☐ Holter Monitoring | 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

☐ Contra Costa: Brentwood, San Ramon, Walnut Creek

☐ North Bay: Fairfield, Greenbrae/Marin, Napa, Santa Rosa

☐ Far North: Eureka, Ukiah

☐ South Bay: Los Gatos, Monterey, San Mateo, Salinas

☐ Central Valley: Modesto, Sonoma, Stockton