



UCSF Benioff Children's Hospitals
Oakland | San Francisco

2019
**Referral
Guide**



Referring A Patient



Oakland

Refer by Fax

1. To submit a referral, use the referral form at the back of this guide or go to www.childrenshospitaloakland.org/referralforms
2. Fax all materials to **510-985-2202**.
To check on the status of a referral: 800-400-7337.

For same or next day appointment, please call the specialty department.

MD Link

Web link: childrenshospitaloakland.org/mdlink
Tech support: 510-428-3885, ext. 4357



San Francisco

Refer by Fax

1. To submit a referral, use the referral form at the back of this guide or go to www.ucsfbenioffchildrens.org/referral
2. Fax all materials to **415-353-4485**.
To check on the status of a referral: 877-822-4453 (877-UC-CHILD).

For same or next day appointment, please call the specialty department.

MD Link

Web link: ucsfhealth.org/mdlink
Tech support: 415-514-8790

Specialty Care Clinic Schedules and Directory

Oakland

childrenshospitaloakland.org/clinicschedules

San Francisco

ucsfbenioffchildrens.org/specialtyclinics

Physician Liaison Services

Oakland

Phone: 510-428-3043

Email: liaisons@mail.cho.org

San Francisco

Phone: 800-444-2559

Email: referral@ucsfmedctr.org

Specialty Care Clinic Locations and Phone Numbers

OAK | Please follow Oakland referral process

SF | Please follow San Francisco referral process

Multispecialty Clinics

Brentwood OAK

1181 Central Blvd., Ste. B
Brentwood, CA 94513
888-530-3034

Fremont SF

1900 Mowry Ave., Ste. 1
Fremont, CA 94538
510-794-2918

Greenbrae SF

1300 S. Eliseo Dr., Ste. 204
Greenbrae, CA 94904
415-461-4396

Modesto SF

1444 Florida Ave., Ste. 100
Modesto, CA 95350
209-529-1275

Oakland Outpatient Center OAK

744 52nd St.
Oakland, CA 94609
510-428-3000

Pleasanton SF

5924 Stoneridge Dr., Ste. 100
Pleasanton, CA 94588
925-598-3500

San Francisco Outpatient Center SF

Mission Bay

1825 4th St.
San Francisco, CA 94158
415-353-3000

San Francisco

Mt. Zion SF

2330 Post St.
San Francisco, CA 94143
415-885-7478

San Mateo SF

101 S. San Mateo Dr., Ste. 205
San Mateo, CA 94401
650-685-8419

San Ramon OAK

2303 Camino Ramon, Ste. 175
San Ramon, CA 94583
925-979-3470

Santa Rosa SF

100 Brookwood Ave.
Santa Rosa, CA 95404
707-576-7557

Walnut Creek OAK

2401 Shadelands Dr.
Walnut Creek, CA 94598
925-979-3434 (Main line)

Single Specialty Clinics

Berkeley OAK

Cardiology

3000 Colby St, Ste. 301
Berkeley, CA 94705
510-428-3300

Eureka SF

Intensive Care Nursery Follow-Up Clinic

525 2nd St., Ste. 300
Eureka, CA 95534
415-476-7324

Eureka SF

Cardiology

St. Joseph Hospital, Eureka
2700 Dolbeer St.
Eureka, CA 95501
707-445-6046

Fairfield OAK

Cardiology

5030 Business Center Dr., #380
Fairfield, CA 94534
707-863-9000

Greenbrae OAK

Cardiology

1300 S. Eliseo Dr., Ste. 204
Greenbrae, CA 94904
510-428-3380

Monterey SF

Cardiology

2 Upper Ragsdale Dr., Ste. B100
Monterey, CA 93940
415-353-2008

Monterey SF

Nephrology

2 Upper Ragsdale Dr., Ste. B100
Monterey, CA 93940
415-476-2423

Napa OAK

Cardiology

3443 Villa Ln., #2
Napa, CA 94558
707-863-9000

Salinas SF

Cardiology

1441 Constitution Blvd.
Building 200, 2nd Floor
Salinas, CA 93906
831-755-4156

San Jose SF

Neurosurgery

2450 Samaritan Dr., Ste. 2
San Jose, CA 95124
408-356-5554

Sonora OAK

Cardiology

12791 Cabezut Rd.
Sonora, CA 95370
925-979-3200

Stockton SF

Cardiology

415 E. Harding Way, Ste. I
Stockton, CA 95204
209-529-1275

Ukiah SF

Cardiology

Ukiah Valley Rural Health Center
260 Hospital Dr., Ste. 204
Ukiah, CA 95482
707-463-7470

Oakland Clinic Phone Numbers

Direct Admission

510-428-3601

Transfer Center

855-246-5437

Adolescent Medicine/ Teen Clinic

510-428-3387

Anesthesiology

510-428-3070

Audiology/Cochlear Implants

510-428-3344

Blood & Marrow

Transplantation (BMT)

510-428-3374

Cardiology

510-428-3380

Center for Child Protection

510-428-3742

Center for the Vulnerable Child

510-428-3783

Clinical Nutrition

510-428-3209

Craniofacial Center

510-428-3150

Critical Care Medicine (ICU)

510-428-3302

Cystic Fibrosis Center

510-428-3305

Dermatology

510-428-3304

Diagnostic Imaging

510-428-3410

Down Syndrome Clinic

510-428-3226

Emergency Medicine

510-428-3240

Encore Medical Clinic

510-428-3783

Endocrinology/Diabetes

510-428-3654

Epilepsy Clinic

510-450-5656

Fetal Cardiology

510-428-3380

Fetal Medicine Program

510-428-3156

Gastroenterology, Hepatology, Nutrition (GI)

510-428-3058

Gender Center

510-428-3654

Hematology/Oncology

510-428-3372

Headache Center

415-502-1914

Hospitalists

510-428-3237

Infectious Diseases

510-428-3336

Infusion Center/Day Hospital

510-428-3338

International Adoption Clinic

510-428-3010

International Clinic

510-428-3226

Laboratory Services (Clinical)

510-428-3525

Laboratory Services (Pathology)

510-428-3530

Medical Genetics

510-428-3550

Mental Health & Child Development

510-428-8428

Neonatology/NICU

510-428-3431

Nephrology

510-428-3335

Neurology

510-428-3590

Neuro-Oncology

510-428-3308

Neuropsychology

510-428-3590

Neurosurgery

510-428-3319

Ophthalmology

510-428-3050

Orthopaedics

510-428-3238

Otolaryngology (ENT)

510-428-3233

Pharmacy

Claremont Ave. Clinic

510-428-4088

Pharmacy

Oakland Campus

510-428-3166

Plastic, Reconstructive and Hand Surgery

510-428-3024

Primary Care Center

510-428-3226

Psychiatry

510-428-8428

Pulmonary Function Lab

510-428-3311

Pulmonary Medicine

510-428-3305

Rehabilitation (PT/OT/Speech)

510-428-3655

Rett Syndrome Clinic

510-595-5458

Rheumatology

510-428-3502

Sickle Cell Center

510-428-3372

Sleep Disorders Center

510-428-3305

Spasticity Management Clinic

510-428-3655

Speech & Language Therapy Clinic

925-979-3470

Spina Bifida Clinic

510-428-3655

Sports Medicine Center

844-547-1800

Surgery

510-428-3022

Synagis Clinic

510-428-3885, ext. 2914

Thalassemia Center

510-428-3347

Trauma Care

510-428-3045

Tuberous Sclerosis Clinic

510-428-3885, ext. 4543

Urology

510-428-3402

San Francisco Clinic Phone Numbers

General patient assistance
888-689-8273

Adolescent/Teen Medicine
415-353-2002

Allergy & Immunology
415-353-7337

Audiology
415-353-2101

Blood and Marrow Transplant
415-353-2188

Brain Center
855-PBC-UCSF

Cardiac Catheterization
415-353-4704

Cardiology
415-353-2008

Center for Mothers and Newborns
415-353-2566

Craniofacial Center
415-476-2271

Dermatology
415-353-7800

Diabetes Program
415-514-6234

Eating Disorders Program
415-514-1074

Emergency Department
415-353-1818

Endocrinology
415-353-7337

Fetal Cardiovascular Program
415-353-1887

Fetal Treatment Center
800-793-3887

Gastroenterology and Liver Clinic
415-353-2813

Gender Center
415-353-7337

Hand and Upper Extremity Surgery
415-353-2808

Headache Center
415-502-1914

Healthy Hearts and Minds
415-476-7324

Heart Center
415-353-2008

Hematology
415-476-3831

HIV/AIDS
415-353-2813

Imaging (Radiology scheduling)
415-353-2573

Infectious Diseases
415-353-2813

Intensive Care Unit
415-353-1352

Intensive Care Nursery
415-353-1565

Intestinal Rehabilitation and Transplant
877-762-6935

Kidney Transplant
415-353-7337

Liver Transplant
415-476-5892

Medical Genetics
415-476-2757

Nephrology
415-476-2423

Neurology
855-722-8273

Neurosurgery
855-722-8273

Neuro-Oncology
415-353-2986

Oncology
415-476-3831

Ophthalmology
415-353-2800

Oral and Maxillofacial Surgery
415-476-3242

Orthopaedic Surgery
415-353-2967

Otolaryngology
415-353-2757

Pain Management
415-353-1328

Plastic/Reconstructive Surgery
415-353-4201

Prenatal Diagnostic Center
415-476-4080

Psychiatry
415-476-7500

Pulmonology
415-353-7337

Rehabilitation
415-476-3899

Rheumatology
415-353-7337

Sports Medicine Center
844-547-1800

Surgery
415-476-2538

Survivors of Childhood Cancer Clinic
415-353-2986

Urology
415-353-2200



Referral Form

Fax Oakland referrals to 510-985-2202.

Preferred location: Brentwood Greenbrae Oakland
 San Ramon Walnut Creek Next available, any location
 Other _____
 URGENT

Fax San Francisco referrals to 415-353-4485.

Preferred location: Fremont Greenbrae Modesto
 Pleasanton San Francisco San Mateo Santa Rosa
 Next available, any location Other _____
 URGENT

From: _____ Date: _____ No. of pages: _____
Phone: _____ Fax: _____
Specialty Clinic: _____ Referred to (optional): _____

PATIENT INFORMATION

Patient First Name: _____ Last Name: _____
DOB: _____ Gender: _____
Home phone: _____ Work phone or Cell phone: _____
Interpreter needed: Yes No Language: _____
Parent/Guardian: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

CONSULTATION REQUEST INFORMATION

Diagnosis: _____ ICD 10: _____
Reason for referral: _____

Include brief pertinent medical records that support the consultation: Clinical notes Growth Charts Imaging Labs

REFERRING PHYSICIAN INFORMATION

Referring MD: _____ Specialty: _____
Phone: _____ Fax: _____
Office Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____

PCP INFORMATION

PCP Name: _____ Phone: _____

INSURANCE INFORMATION

Include copy of insurance card (both sides)
Subscriber Name: _____ DOB: _____
Health Plan: _____ Member ID: _____
Group #: _____ Authorization #: _____
Secondary Insurance, if any: _____

By providing the information requested and signing above, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics, in association with this consultation. We look forward to collaborating with you on your patient's treatment plan.

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.