

Request for Service Order

Pt. Name: _____
 DOB: _____
 MRN (If available): _____
 Parent Name _____
 Phone # _____ Preferred time: 8-12, 12-5, after 5
 Insurance: Medicaid, PPO, HMO, Self-pay / Other

Referring Provider Name: _____
 Practice Name: _____
 Date of Request: _____

Please attach patient's demographics

Step 1: When should patient be seen?

- ASAP (\leq 24 hours)
 - For physicians new to Lurie Children's – Call the VIP Physician Hotline – **800.540.4131, Option 4**
 - For all other physicians, call the Lurie Children's Hospital Directly at **312.227.4000** along with completing this order
- Within 2 weeks
- > 2 weeks

Step 2: Questions

- 1) **Which Lurie Children's Hospital Specialty are you referring this patient to?**

- 2) **Identify Chief Complaint(s)**

- 3) **Pertinent and Quick Patient History (1 – 2 sentences):**

- 4) **Questions referring provider wants answered by Specialist**

- 5) **Has the referring provider already spoken with a Lurie specialist about this referral?**

- 6) **Is there a preferred provider to see the patient?**

- 7) **Which location is preferred for the patient's appointment?**

Please submit this request along with records to KidsDoc Fax #: 312.227.9832