

Patient information *(please print)*

Date referred _____ Patient birth date _____ Sex _____

Patient name _____

Patient address _____

City _____ State _____ Zip _____

Parent name _____

Home phone number _____ Cell phone number _____

Insurance carrier _____

To view a list of all insurance plans that cover a specific doctor, please refer to the "Find a Doctor" section of our website, luriechildrens.org/FAD.

Language spoken _____

Specialty requested _____

Reason for consultation

History/Symptoms/Potential diagnosis/Special needs _____

Is this a second opinion? _____

Referring physician information

Print referring physician name _____

Referring physician phone number _____ Fax _____

Requesting physician signature _____ Date _____

Please attach relevant diagnostic tests and progress notes.

EpicCare Link

If you are interested in **submitting a consultation request electronically**, please visit our website at luriechildrens.org/epiccarelink to learn about the benefits of **EpicCare Link** and begin the enrollment process at no cost to your practice. This will allow any staff at your office to submit referral orders, message our specialists and review visit summaries/diagnostic testing results electronically. If you have any questions related to **EpicCare Link**, or need assistance with enrolling, please contact Lina Belmonte at EpicCareLink@luriechildrens.org.