Pacific Pediatric Pulmonology

Timothy C. Beaty, MD • Pediatric Pulmonology

Helping Hawaii's Keiki Breathe Easier

FAX REFERRAL TO

808-865-2948

Main 808-865-2934

Pediatric Pulmonology Referral Request

Please complete this form and fax with supporting records to 808-865-2948

RECEIVING SPECIALIST

Timothy C. Beaty, MD

Board-Certified Pediatric Pulmonology & Pediatrics

DATE OF REFERRAL

URGENCY

☐ Routine ☐ Urgent (Call Provider to discuss)

1. PATIENT IDENTIFICATION

PATIENT FULL NAME | **DATE OF BIRTH** | **AGE** | **SEX**

STREET ADDRESS | **CITY** | **STATE** | **ZIP**

PREFERRED PHONE | **ALTERNATE PHONE** | **PARENT / GUARDIAN NAME**

INSURANCE PLAN / PAYER | **MEMBER / ID NUMBER** | **GROUP NUMBER**

2. REFERRING PROVIDER

REFERRING PROVIDER NAME | **CREDENTIALS / SPECIALTY**

PRACTICE / CLINIC NAME | **PHONE** | **FAX**

3. REASON FOR REFERRAL & REQUESTED SERVICES

PRIMARY CLINICAL CONCERN (CHECK ALL THAT APPLY)

☐ Asthma / recurrent wheezing ☐ Chronic cough ☐ Recurrent pneumonia / infections

☐ Sleep-disordered breathing / OSA / snoring ☐ Abnormal imaging or PFTs

☐ Technology dependence / complex lung disease ☐ Other:

QUESTION FOR SPECIALIST

REQUESTED SERVICES ☐ Consultation / evaluation ☐ Assume ongoing specialty care

4. SUPPORTING DOCUMENTATION

Please fax copies of relevant records with this form, or indicate records available in Epic. Check items enclosed:

☐ Recent clinic notes ☐ Labs ☐ Chest imaging ☐ Prior PFTs or sleep study

☐ Prior specialist notes ☐ Hospital / ED records ☐ Insurance referral / authorization

☐ Other: ☐ Notes available in Epic

DATES OF RELEVANT EPIC ENCOUNTERS

5. AUTHORIZATION & FOLLOW-UP CONTACT

REFERRING PROVIDER SIGNATURE | **PRINTED NAME** | **DATE**

OFFICE CONTACT FOR QUESTIONS / UPDATES

CONFIDENTIAL — This facsimile contains protected health information. If you received this in error, please notify the sender and destroy the documents.