

Pediatric Specialties
University of Florida Health Physicians
PO Box 100354, Gainesville, FL 32610-0354

Pediatric Clinic/Service to which you are requesting an appointment:

GAINESVILLE:	<input type="checkbox"/> Allergy	<input type="checkbox"/> Endo	<input type="checkbox"/> GI	<input type="checkbox"/> Genetics	<input type="checkbox"/> Hem/Onc
	<input type="checkbox"/> Immunology/Rheumatology	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Pulmonary
TALLAHASSEE:	<input type="checkbox"/> GI	<input type="checkbox"/> Genetics	<input type="checkbox"/> Hem/Onc	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Neurology
	<input type="checkbox"/> Pulmonary				
OCALA-OAKHURST:	<input type="checkbox"/> Endo	<input type="checkbox"/> GI	<input type="checkbox"/> Hem/Onc	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Nephrology
	<input type="checkbox"/> Neurology	<input type="checkbox"/> Pulmonary			
FOR SPECIALTIES/SERVICES NOT LISTED ABOVE, PLEASE CALL 352.265.0111					

Physician Preference (if applicable) _____

Consultation *(Evaluation and recommendation to be used by patient's primary care physician for management of care with or without co-management by specialist.)*

Transfer of Care *(Evaluation and subsequent care management by specialist.)*

Current Diagnosis _____

Patient Information:

Name (Last, First, MI)	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN
Mailing Address	City	State	Zip
Guardian/Guarantor	Relationship		
Preferred Phone #	Alternate Phone #	IS INTERPRETER/TRANSLATOR NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?	

Insurance Information:

Insurance Company	Policy #	Group #
Subscriber Name (Last, First, MI)	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employer	*Authorization #	
Ins. Phone #	Auth. Exp. Date	

*Please include authorizations for: Capital Health (CHP), Cigna (must have Dx), CMS Title XXI out of district (must have name), Coventry, First Coast Advantage, First Health FL Health Care (Healthy Kids), Healthcase/Staywell/Wellcare, Medipass, Prestige, Ped-I-Care, Tricare Prime. *Medicaid HMOs may not be accepted.*

Patient's Primary Care Physician Information:

Name (Last, First, MI)	Contact
Mailing Address	City State Zip
Phone #	Fax #

PLEASE REFER TO PAGE 2 FOR A LIST OF DOCUMENTS/INFORMATION TO INCLUDE WITH REQUEST.

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With this request, please include the following items per the clinic/service to which you are requesting an appointment. Please check to indicate that item is attached. Please write "N/A" if item is not available.

If a second opinion is being sought, the previous specialist's dictation and work-up must be included.

ALLERGY

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports

GASTROENTEROLOGY

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports
- History & Physical
- Growth Charts

HEMATOLOGY/ONCOLOGY

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports

INFECTIOUS DISEASE

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports
- Immunization Records

For recurrent fevers or fevers of unknown origin:

- CBC w/Diff/Platelets
- CMP
- ESR
- CRP
- EBV IgG/M
- CMV IgG/M
- ANA
- RF
- HIV
- Urinalysis with Culture
- Blood Culture with Fevers
- PPD

PULMONARY

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports

ENDOCRINOLOGY

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports
- Growth Charts
- Bone Age Studies
- Lipid Panel
- Glucose, Insulin Levels

GENETICS

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports

IMMUNOLOGY/RHEUMATOLOGY

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports
- Immunization Records

NEPHROLOGY/RENAL

- Clinic Notes
- Labwork
- Diagnostic Radiology Reports
- Urinalysis
- Renal U/S

NEUROLOGY

- Office/Clinic Notes (last 2 visits)
- Labwork (last 12 months)
- Brain/Imaging Reports (Films/CDs may be requested prior to appt. at Neurologist's discretion.)
- EEG, EMG, EP, PSG Reports
- ED/Hospital Discharge Summaries