

Mary Bridge Children's Referral Cover Sheet

For providers to complete who are not using an Electronic Medical Record system.



FAX REFERRAL TO (____) _____ - _____

Name of referring provider: _____

Contact person and phone number for referring office: _____

Specialty or Therapy department for referral at Mary Bridge: _____

Reason for referral: _____

Patient Name: _____ D.O.B ____/____/____

Additional Demographic Information: _____

Insurance Information, including Subscriber and Guarantor: _____

(please indicate if the child is in Foster Care – if so include caregiver authorization form)

**** Provide current chart notes and current lab results related to the DX**

For the following **Specialties, please also include:**

Audiology <ul style="list-style-type: none"> Signed Rx for Audiology 	Cardiac Surgery <ul style="list-style-type: none"> No Additional Info Required 	Endocrinology <ul style="list-style-type: none"> Growth Charts Labs 	ENT <ul style="list-style-type: none"> Current audiology report or hearing exam results
Genetics <ul style="list-style-type: none"> Growth Charts Imaging studies 	General Surgery <ul style="list-style-type: none"> No Additional Info Required 	Gastroenterology <ul style="list-style-type: none"> No Additional Info Required 	Hematology/Oncology <ul style="list-style-type: none"> No Additional Info Required
Infectious Diseases <ul style="list-style-type: none"> No Additional Info Required 	Neonatal Follow-Up <ul style="list-style-type: none"> Signed Rx 	Neurobehavioral and Psychiatry <ul style="list-style-type: none"> Recent Evaluations 	Neurology <ul style="list-style-type: none"> No Additional Info Required
Nutrition <ul style="list-style-type: none"> Signed Rx 	Ophthalmology <ul style="list-style-type: none"> No Additional Info Required 	Orthopedics <ul style="list-style-type: none"> Date of Injury Is it a MVA? Current images / or where images were taken? PT or other notes 	Orthotics <ul style="list-style-type: none"> Signed Rx for Orthotics
OT <ul style="list-style-type: none"> Signed Rx for OT 	PT <ul style="list-style-type: none"> Signed Rx for PT 	Physical Medicine and Rehab <ul style="list-style-type: none"> <input type="checkbox"/> Specialty notes <input type="checkbox"/> School IEP/therapy notes <input type="checkbox"/> Imaging 	Plastic & Reconstructive Surgery <ul style="list-style-type: none"> No Additional Info Required
Pulmonology <ul style="list-style-type: none"> No Additional Info Required 	Rheumatology <ul style="list-style-type: none"> No Additional Info Required 	Speech Therapy <ul style="list-style-type: none"> Signed Rx for Speech Therapy 	Urology <ul style="list-style-type: none"> No Additional Info Required
Wound & Ostomy <ul style="list-style-type: none"> No Additional Info Required 			

Once we receive your referral, we will attempt to contact your patient within 24 hours to schedule their appointment. We will advise you within 48 hours if we have been successful in scheduling your patient.

Thank you for your referral.

Marybridge.org/refer for this and other referral resources.