

Thank you for referring your patient to the University of Maryland Children's Hospital.

Please **FAX** this form and pertinent medical records to **410-328-7305**.
If you have questions, please call **410-328-4087**.

Please indicate the specialty to which you are referring your patient:

- ☐ Allergy
- ☐ Behavioral and Development Pediatrics
- ☐ Cardiology
- ☐ Endocrinology/Diabetes
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Hematology/Oncology
- ☐ Immunology
- ☐ Infectious Disease
- ☐ Nephrology
- ☐ Neurology
- ☐ Pulmonology
- ☐ Transgender Health

PATIENT INFORMATION

PATIENT NAME _____ ☐ MALE ☐ FEMALE

DATE OF BIRTH _____

PHONE NUMBER(S) _____

PARENT/GUARDIAN NAME _____

INSURANCE INFORMATION

NAME OF INSURANCE _____

APPOINTMENT PRIORITY

- ☐ Urgent—within 48 hours
- ☐ Priority—within 2 weeks
- ☐ Routine—within 30 days

DIAGNOSIS/REASON FOR VISIT _____

ICD-9 CODE (optional) _____

REFERRING PHYSICIAN

NAME _____

PHONE NUMBER(S) _____

PHYSICIAN'S SIGNATURE _____

Please visit us at
umm.edu/pediatrics

The University of Maryland Children's Hospital has multiple outpatient locations, including practices in Anne Arundel, Baltimore, Carroll, Harford, and Queen Anne's Counties.