Referral For Specialty Services

dayton children's

Central Scheduling
PH: 937-641-4000   Fax: 937-641-4500   Toll Free Fax: 866-891-6941
One Children's Plaza • Dayton, OH 45404-1815 • childrensdayton.org

PLEASE PRINT (ALL INFORMATION IS REQUIRED)

Date of Request: _____

PATIENT INFORMATION

Patient's Name: _____
☐ M   ☐ F   DOB: _____
Parent/Guardian Name(s): _____
Home Phone:_____
Cell Phone:_____Work Phone _____
Email address:_____
Preferred Contact Phone: ☐ Work ☐ Cell ☐ Home
Do You Need an Interpreter? _____
Language :_____
Patient is in custody of: ☐ Parents   ☐ Guardian   ☐ CSB
Address: _____
City:_____State_____Zip _____
1st Insurance:_____ID# _____
   Precert # _____
2nd Insurance:_____ID# _____
   Precert # _____

REQUESTING PROVIDER GROUP:

Office name _____
Provider name _____
Office location _____
Office contact person_____
Phone _____Fax_____
Signature _____

Our goal is to process referrals within two business days.
If unable to contact family within one week,
we will notify your office.

****If it is medically necessary for this patient
to be seen urgently by a physician,
call the department directly. ****

REASON FOR REQUEST

Diagnosis Code/Reason for request: _____
Additional relevant diagnostic/clinical information or testing: _____
Please list any additional mental or physical disabilities: _____

Please check: ☐   Diagnose only ☐   Diagnose and treat

Additional clinical documentation is included with this request: ☐   Yes   ☐   No

(PLEASE include ALL applicable clinical documentation to assist in triaging appointments.)

SERVICES REQUESTED

Routine	Urgent	Timed	Stat
☐ Adolescent Medicine Clinic	☐ Dentistry	☐ Lactation	☐ Plastic Surgery Clinic
☐ Airway Clinic	☐ Developmental Pediatrics Clinic	☐ Liver Clinic	☐ Prediabetes Clinic
☐ Allergy/Immunology Clinic	☐ Diabetes Clinic	☐ Myelomeningocele Clinic	☐ Psychology Clinic
☐ Autism Clinic	☐ Down Syndrome Clinic	☐ Neonatal Abstinence Clinic	☐ Pulmonary Clinic
☐ Burn/Wound Clinic	Endocrinology Clinic	☐ Nephrology/Hypertension	☐ Rheumatology Clinic
☐ Cardiology Clinic	☐ ENT Clinic	☐ Neurology Clinic	☐ Sleep Clinic
☐ Preventive Cardiology/Lipid Clinic	☐ Female Athlete	☐ Neurosurgery Clinic	☐ Sports Medicine Clinic
☐ CARE Clinic	☐ Gastroenterology Clinic	☐ Newborn Follow-Up Clinic	☐ Surgery/Pediatric Clinic
☐ Cerebral Palsy Clinic	☐ Genetics Clinic	☐ Nutrition Clinic	☐ Urology Clinic
☐ Child Advocacy	☐ Gynecology Clinic	☐ Ophthalmology Clinic	☐ Vascular Anomalies Clinic
☐ Chronic Pain Clinic	☐ Healthy Me	☐ Orthopedics Clinic	☐ Voice Clinic (includes SLP and ENT evaluations)
☐ Concussion	☐ Hematology/Oncology Clinic	☐ Physical Medicine and Rehabiliations Clinic (see rehabilitation services form for therapy clinics)	
☐ Cooking Classes	☐ High-Risk Infant Nutrition Clinic		
☐ Cleft Lip/Cleft Palate	☐ Immunology Clinic		
☐ Craniofacial Center	☐ Infectious Disease Clinic		

Service not listed? Some services may have separate referral form