

# UNC Pediatric Cardiology Referral Form

Phone: (910) 678-7287

Fax: (910) 678-7033

1601 Owen Drive Fayetteville, NC 28304

Patient Name

Birth Date

Phone

Address

Insurance

Insurance Authorization Number

Referring Physician

NPI

Referred by Provider

Contact Person

Phone Number

Start Date

End Date

Authorization #

Diagnoses:

Pease List any other conditions and include any special remarks regarding patients:

Referral Urgency

Urgent

Routine

Elective

Documentation to include for scheduling:

Include copy of the patient Insurance Card

Include the last three (3) office notes / lab reports

Prior Authorization Approval

**Fax all documents and this form to 910-678-7033**