

Referral to a Pediatric Specialist

To: _____ Fax: _____
 From: _____
 Name of patient: _____ Gender: _____ Date of birth: _____
 Name of parent/guardian: _____ Parent/guardian phone number: _____
 Name of referring physician: _____
 Insurance: _____ Insurance ID #: _____
 Reason for referral: _____

Referral class: Urgent Routine

Please fax all relevant chart notes, diagnostic test results, demographics and referral authorization (if required).

- | | | |
|--|--|--|
| <input type="checkbox"/> Aerodigestive
Physician backline/
Consults: 206-386-3193

<input type="checkbox"/> Audiology
First Hill, Ballard, Issaquah
Fax: 206-215-1771
Physician backline/
Consults: 206-215-1780
Cherry Hill
Fax: 206-320-1960
Physician backline/
Consults: 206-215-4327

<input type="checkbox"/> Endocrinology (Pediatric Metabolic Program only)
<i>Allison LaRoche, M.D.</i>

<input type="checkbox"/> Gastroenterology
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Jonah Essers, M.D., MPH</i>
<i>Talya Miller, M.D.</i>
<i>Uma Pisharody, M.D.</i>
<i>Julia Chan, ARNP</i>

<input type="checkbox"/> General Surgery
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Richy Lee, M.D.</i>
<i>Cindy Tai, M.D.</i>
<i>Rob Weinsheimer, M.D.</i>

<input type="checkbox"/> Infectious Disease
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Frank Bell, M.D.</i>
<i>Dianne Glover, M.D.</i> | <input type="checkbox"/> Nephrology
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Laurie Fouser, M.D.</i>
<i>Sonal Avasare, M.D.</i>

<input type="checkbox"/> Neurology and Epilepsy
Fax: 206-215-1441
Physician backline/
Consults: 206-215-1440
<i>Ednea Simon, M.D.</i>
<i>Marcio Sotero de Menezes, M.D.</i>

<input type="checkbox"/> Neurosurgery
Fax: 206-623-1588
Physician backline/
Consults: 206-623-0922
<i>Timothy Steege, M.D.</i>

<input type="checkbox"/> Nutrition
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Jordan Bierman, RD</i>
<i>Leslie Lee, RD, MS</i>
<i>Ruth Thomas, RD</i>

<input type="checkbox"/> Orthopedics
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Kathleen Moen, M.D.</i>
<i>Laurel Saliman, M.D.</i>
<i>Katie Henderson, PA-C</i>
<i>Melissa Stearns, PA-C</i> | <input type="checkbox"/> Otolaryngology
Fax: 206-215-1771
Physician backline/
Consults: 206-215-1780
<i>Vincent Chan, M.D.</i>
<i>K. Linnea Peterson, M.D., FACS</i>
<i>Gabriela Sanchez, M.D.</i>
<i>Angie Song, M.D.</i>
<i>Christopher Yang, M.D.</i>

<input type="checkbox"/> Pediatric Therapy Services (Physical, Occupational, Speech)
Fax: 206-386-6657
Physician backline/
Consults: 206-386-3592

<input type="checkbox"/> Pulmonology
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>John Osborn, M.D.</i>

<input type="checkbox"/> Sleep Disorders (Consults only)
Fax: 206-215-1135
Physician backline/
Consults: 206-223-8515
<i>Preetam Bandla, M.D.</i>

<input type="checkbox"/> Sports Medicine
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Danielle Magrini, D.O.</i>
<i>Brynn Fuller, ATC</i>

<input type="checkbox"/> Urology
Fax: 206-215-2702
Physician backline/
Consults: 206-215-2701
<i>Beth Andersen, M.D.</i>
<i>Devon Snow, M.D.</i>
<i>Julia Chan, ARNP</i> |
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We do not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)