

## Request for Pediatric Specialty Services

www.DukeChildrens.org

### Patient Information

Duke MRN: (If Available)	Patient's Name (First, Middle Initial, Last):	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address:		
City:	State:	Zip Code:
		Birth Date: (Month, Day, Year)
Home Telephone:	Alternate Telephone:	Parent/Guardian Name:

### Reason for Referral: If need immediate assistance, call 1-800-MED-DUKE

Reason for Referral/Question(s) to be Answered:
History/Symptoms/Potential Diagnosis/Special Needs:
<input type="checkbox"/> Check here if additional information/data sent with this Fax. Describe:

### Requested Pediatric Services:

<input type="checkbox"/> Allergy-Immunology	<input type="checkbox"/> Gastroenterology & Hepatology	<input type="checkbox"/> Neurosurgery
<input type="checkbox"/> Blood & Marrow Transplantation	<input type="checkbox"/> Healthy Lifestyles	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Hematology-Oncology	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Cardiothoracic Surgery	<input type="checkbox"/> Hospital & Emergency Medicine	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Child Abuse & Neglect	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Plastic & Reconstructive Surgery
<input type="checkbox"/> Child Development & Behavioral Health	<input type="checkbox"/> Medical Genetics	<input type="checkbox"/> Pulmonary & Sleep Medicine
<input type="checkbox"/> Chronic Pain Management	<input type="checkbox"/> Neonatology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Neurodevelopment	<input type="checkbox"/> Speech Pathology & Audiology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Surgery, General
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Neuro-Oncology	<input type="checkbox"/> Urology

Do you want this patient scheduled with a specific provider?  Yes  No

If Yes, With whom?

Note: Requesting a specific provider may cause a delay in appointment scheduling.

### Referring Physician Information

Name:		Date of Referral:	
Office Address:		<input type="checkbox"/> Primary Care <input type="checkbox"/> Specialty: _____	
City:	State:	Zip:	Telephone:
Fax Number:	Email Address:	Preferred Method of Contact <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Letter	

### Duke Children's Confirmation

Appointment Date: (Month, Day, Year)	Program/Physician:
Clinical Location:	Appointment Time:
Date Confirmation Sent to Referring MD:	
Notes:	Patient Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No

*Thank you for referring your patient to Duke Children's Hospital & Health Center.*



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<b>SPECIALTY</b>	<b>LOCATION</b>	<b>Appointment Number</b>	<b>Fax Number</b>
Allergy/Immunology	Durham or Raleigh	(919) 668-4000	(919) 684-8827
Blood & Marrow Transplantation	Durham	(919) 668-1100	(919) 668-1180
Cardiology	Durham	(919) 668-4000	(919) 681-8927
Cardiology	Raleigh	(919) 668-4000	(919) 862-5355
Cardiology	Fayetteville	(910) 323-5940	(910) 323-9746
Cardiothoracic Surgery	Durham	(919) 681-2343	(919) 681-4907
Child Abuse and Neglect	Durham	(919) 479-2690	(919) 471-2531
Child Development & Behavioral Health	Durham	(919) 668-5559	(919) 668-4496
Chronic Pain Management	Durham	(919) 684-6575	(919) 684-6616
Critical Care Medicine	Durham	(919) 681-5541	(919) 681-8357
Dentistry	Durham	(919) 220-1416	(919) 220-6936
Dermatology	Durham or Raleigh	(919) 684-3432	(919) 479-2670
Endocrinology	Durham	(919) 668-4000	(919) 684-8613
Endocrinology	Raleigh	(919) 668-4000	(919) 862-5355
Gastroenterology	Durham or Raleigh	(919) 668-4000	(919) 684-4836
General Surgery	Durham	(919) 681-5077	(919) 681-8353
Healthy Lifestyles	Durham or Raleigh	(919) 668-4000	(919) 471-6930
Hematology-Oncology	Durham	(919) 668-4000	(919) 681-7950
Hospital & Emergency Medicine	Durham	(919) 684-4831	(919) 681-8521
Infectious Diseases	Durham	(919) 668-4000	(919) 668-4859
Medical Genetics	Durham	(919) 684-2036	(919) 668-0414
Neonatology	Durham	(919) 681-6024	(919) 681-6065
Nephrology	Durham or Raleigh	(919) 668-4000	(919) 684-6616
Neurodevelopment	Durham	(919) 668-4000	(919) 684-2532
Neurology	Durham	(919) 668-4000	(919) 681-8943
Neuro-Oncology	Durham	(919) 668-6288	(919) 668-2485
Neurosurgery	Durham or Raleigh	(919) 684-5013	(919) 684-8274
Ophthalmology	Durham, Raleigh, or Cary	(919) 681-3937	(919) 684-6096
Orthopedics	Durham	(919) 613-7797	(919) 681-8703
Otolaryngology	Durham	(919) 684-3834	(919) 613-4581
Plastic & Reconstructive Surgery	Durham	(919) 668-3110	(919) 681-2670
Pulmonary & Sleep Medicine	Durham or Raleigh	(919) 668-4000	(919) 684-2292
Radiology, Consultations	Durham	919 684-7293	(919) 684-7151
Radiology, Scheduling	Durham	(919) 684-7999	Not applicable
Rheumatology	Durham	(919) 668-4000	(919) 684-6616
Speech Pathology & Audiology	Durham	(919) 684-6271	(919) 684-8298
Urology	Durham or Raleigh	(919) 684-6994	(919) 681-5507

Duke Consultation and Referral Center  
Telephone Number: 1-800-MED-DUKE