



Pediatric Endocrinology

2018 W. Clinch Avenue

South Tower 2nd Floor

Knoxville, TN 37916

Phone: 865-971-7400 • Fax: 865-246-7561

Referral Request

Today's date: _____

***** TO EXPEDITE THE SCHEDULING PROCESS, RECORDS MUST BE SENT WITH THIS REQUEST *****

Patient's name: _____ D.O.B.: _____ Age: _____

Gender: M F Social Security #: _____ Insurance: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Patient resides with: _____ Home Phone: _____

***** GUARDIANS MUST BRING PROOF OF GUARDIANSHIP TO THE APPOINTMENT *****

Mother's name: _____ Mother's Cell Phone: _____

Father's name: _____ Father's Cell Phone: _____

Referring healthcare provider: _____ NPI: _____ Contact: _____

Office phone: (_____) _____ Office fax: (_____) _____

Primary Care provider (if other than referring): _____

* TO BE COMPLETED BY REFERRING PROVIDER *

Medical reason for consult: _____

Urgency of your referral: ROUTINE () SEMI-URGENT () URGENT () Reason: _____

Is this the 1st referral to Pediatric Endocrinology at East Tennessee Children's Hospital? Yes No When: _____

Is an interpreter needed for hearing impairment or language? Yes No Language: _____

This form must be completely filled out and faxed to (865) 246-7561 with PATIENT GROWTH CHART, CURRENT RECORDS (limit to 20 pages), any labs/radiology studies pertinent to diagnosis, a demographic sheet, current copy of insurance cards.

Appointment date/time: _____ Arrival: _____

- Please contact family
Fasting
Bring bone age on disc to appointment
Diabetes Clinic appointment
Parent Aware

- Dr. Tapiador
Dr. Parmar
Katelyn Dantzler, FNP-BC
Hannah Nicaud, CPNP
Hannah Nicaud, CPNP
Chasity Epperson, FNP-BC
Dr. Rincon
Dr. Wirthwein