

# Brachial Plexus Injury Clinic

Scheduling Phone: 888-770-2462 Fax: 855-246-2329 Division Phone: 714-509-7981

Thank you for referring your patient to the Brachial Plexus Injury Clinic at CHOC.

# Patient Information

Does the patient live with someone other than the legal guardian? No Yes, relationship

Patient Name: Parent/Guardian: Insurance:

Date of Birth: / / Parent Phone: Parent Cell:

1. Is this an **emergent** referral?  No  Yes **If yes, requires a phone call from an MD/PA/NP**

**with clinical information to 714.509.7981**

1. **Please describe the patient’s diagnosis at birth and chief complaint:**

To expedite appointment scheduling, please provide the following by FAX 855-246-2329:

* + **This completed form**
  + **Medical records related to the diagnosis and chief complaint including OR notes and radiology reports**
  + **Lab and test reports within the last year**
  + **Patient demographics**
  + **Authorization including CPT codes:**
    - **99205 for Brachial Plexus Consult**
    - **97165 (1) for Occupational Therapy Consult**
    - **97161 (1) for Physical Therapy Consult**
    - **\*Cal Optima patients please include Z7500**
    - **If codes not applicable please include a copy of insurance card**

Referring Provider Name: Phone: Fax:

Provider Address:

Provider Signature:

City:

Date:

Zip:

Time:

Updated on 09/25/2023