Referral Request

Annapolis Pediatrics
200 Forbes Street
Annapolis, MD 21401
410.263.6363

This request is for ***future referrals only***. Same day referrals must be made through the referral line by calling 410.263.6363 option 4. Referral requests may take 24-48 hours for a response and may require that we contact you for further information. Complete the following information and email the form to referrals@annapeds.com

Patient Name: _____ **Date of Birth:** _____

Person completing the form: _____ **Relationship to patient:** _____

Insurance company name: _____ **Insurance ID #** _____
(If this insurance company listed does not match the one we have on file, we will need to contact you for further information)

Preferred contact method:
Once referral is completed a referral coordinator will contact you through your preferred contact method.

☐ Phone Number & best time of day to call _____
☐ Email Email address: _____

Type of Referral Needed:

☐ Specialist appointment

Name of specialist _____ Type of specialist _____ Reason for visit _____

Office location _____ Office phone number _____

Appointment Date _____

☐ X-ray/sonogram/ ultra sound/ MRI

Name of facility _____ Type of test _____ Reason for test _____

Test scheduled on _____

☐ ER / Urgent Care Visit

Name of facility _____ Reason for visit _____

Visit date _____

Once completed you would like us to:

☐ Hold for pick up at _____ Annapolis Pediatrics Location
☐ Fax to _____
☐ Mail to home address
☐ Email to email address above