



Division of Medical Genetics

4650 Sunset Boulevard, Los Angeles, CA 90027

Phone: 1-888-MD1-CHLA (888-631-2452)

Fax: 323-361-8988

Medical Genetics Referral Line: 323-361-2178

Email: Md1@chla.usc.edu

Thank you for referring your patient to the Division of Medical Genetics At Children's Hospital Los Angeles

The following patient documentation is **required** in order to process your patient's appointment:

- Please fax back this form along with all required documents. Note: request cannot be processed without this form and all required documents needed.

REQUIRED DOCUMENTATION NEEDED TO SCHEDULE:

(Please be sure to provide the PATIENT NAME AND DATE OF BIRTH on all documents submitted)

- **Pre-scheduling Evaluation Form** (see attached; to be fully completed by an **MD, DO, NP or PA**, please
- **Signed Doctor's Order (Rx) which includes:**
 - a) Doctor's name, address, phone number, CA Med License and NPI number
 - b) Patient's name and date of birth
 - c) Diagnosis with ICD-10 code (R/O is not accepted)
- **Recent Clinical Notes**
- **If genetic testing done**, please submit test results
- **If patient is referred for positive family history**, please submit records of testing/evaluations of family members; please let us know if patient or family member has been seen in our division previously
- **Insurance information** (clear copy of insurance card, front and back)
- **Approved Authorization* and TAR** if applicable (need hard copy of authorization)
- **Patient Demographic sheet** (need two patient telephone numbers, if available)
- **Any applicable Court Documentation (for cases involving adoption, legal guardianship or foster care programs)**

Is patient under the care of the court, foster home, group home or DCSF?

- No
- Yes; if Yes, please circle one:
Foster home, court consent, group home, DCSF or other _____

*Please provide name and phone number for Social Worker: _____

***Authorization (must be obtained by the referring MD's office)**

- Please note the following regarding AUTHORIZATIONS:
 - Medi-Cal Plans: TAR is required (approval can take 6-10 weeks)
 - HMO & Medi-Cal Managed Care Plans: Authorization required
 - California PPO Plans: Pre-Certification required for most plans

Submit your request via:

Fax: 323-361-8988

Email: md1@chla.usc.edu

Medical Genetics will call the patient/family directly to schedule the appointment once we have received all appropriate documentation or the family can call us to check the status of the referral