

# FAX

PROVIDER URGENT  
APPOINTMENT  
REQUEST



**Boston Children's Hospital**  
Where the world comes for answers

## FAX TO THE DERMATOLOGY PROGRAM 617-730-0308

If you have questions or require assistance, call 617-355-6117, ( Mon. – Fri., 8 a.m. – 4:30 p.m. EST)

Date: \_\_\_\_\_

### PATIENT

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_ MRN #: \_\_\_\_\_  
(If applicable)

Parent/Legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (check preferred):  Home \_\_\_\_\_

Work \_\_\_\_\_  Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Language:  English  Spanish Other \_\_\_\_\_

### INSURANCE

We will call the family to confirm this information.

Insurer: \_\_\_\_\_

Plan name: \_\_\_\_\_

NOTE: If out-of-state Medicaid, prior authorization and a single-case agreement will likely be required.

### APPOINTMENT INFORMATION

Boston Children's will make every effort to promptly schedule appointments. In some cases, additional medical history may be required prior to scheduling.

For urgent appointments or clinical consults, call the Center or Service directly. If you need help connecting to the correct specialty, call **844-BCH-PEDS**.

**Do not use this form for direct admissions or hospital transfers.** Call the Coordinator of Patient Placement (COPP) at **617-355-0000**.

**IN CASE OF EMERGENCY, DIAL 9-1-1.**

### REFERRING PHYSICIAN (Same as PCP: Yes)

Name: \_\_\_\_\_

Practice/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If a Boston Children's clinician has follow-up questions, contact:

Direct phone: \_\_\_\_\_ Email: \_\_\_\_\_

### KEY INFORMATION

Chief Complaint:

Prior Treatments Tried:

### URGENT APPOINTMENT INFORMATION

The following are examples of medically urgent conditions. Please check any/all that apply

- Changing mole/suspect melanoma
- Epidermolysis bullosa or other blistering diseases (EB)
- Growing skin lump/suspect malignant tumor
- Infected or severe atopic dermatitis/eczema
- Ulcerating, large, or facial hemangioma
- Unusual birthmark
- Drug rash
- Other

Process for Urgent Request

1. Submit the form via fax or online
2. Request will be reviewed by a clinician within 5 days
3. Family will be contacted to schedule based on urgency