



Patient Referral Form

There are two easy ways to refer a patient:

1. Complete this form and fax it to: (864) 240-3111
2. Call our referral line at: (866) 459-0013

Is transportation needed?

Yes No

PATIENT INFORMATION

Child's Full Name:

Gender

Age

Date of Birth

Male Female

Parent/Guardian Name:

Street:

City:

State:

Zip:

Phone Number:

Alt. Phone Number:

Email Address:

Reason for Referral/Diagnosis:

REFERRING PROVIDER'S INFORMATION (If applicable)

Name:

MD DO NP PA Other: _____

Practice/Agency Name:

Street:

City:

State:

Zip:

Phone:

Fax:

Email Address:

Shriners Hospitals for Children is one of the largest pediatric sub-specialty health care systems in the world. We are dedicated to improving the lives of children by providing pediatric specialty care, innovative research and outstanding teaching programs for medical professionals. Children up to 18 years old with orthopaedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for care and receive all services in a family-centered environment, regardless of the families' ability to pay.