



FAX TO BOSTON CHILDREN'S PRACTICE LIAISON PROGRAM: 617-919-3033

If you have questions or require assistance, call 844-BCH-PEDS (844-224-7337), Mon. – Fri., 7 a.m. – 8 p.m. EST

Date:	PRIMARY CARE PHYSICIAN
PATIENT	Name:
Patient:	Practice/Facility:
DOB:	Address:
Parent/Legal guardian:	City: Zip:
Address:	Phone: Fax:
	If a Boston Children's clinician has follow-up questions, contact:
City: State: Zip: Phone (check preferred): ☐ Home	Direct phone: Email:
□ Work □ Mobile	REFERRING PHYSICIAN (if different from PCP)
Email:	Name:
Language: 🗖 English 🗖 Spanish Other	Practice/Facility:
INSURANCE	Address:
We will call the family to confirm this information.	
Insurer:	City: State: Zip: Phone: Fax:
Plan name:	If a Boston Children's clinician has follow-up questions, contact:
NOTE: If out-of-state Medicaid, prior authorization and a single-case agreement will likely be required.	Direct phone: Email:
ADDOINTMENT INFORMATION	KEY INFORMATION
APPOINTMENT INFORMATION	
Boston Children's will make every effort to promptly schedule appointments and second opinions. In some cases, additional medical history may be required prior to scheduling.	Is this a second opinion?
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.	Requested Boston Children's physician(s):
IN CASE OF EMERGENCY, DIAL 9-1-1.	
	Specialty(ies):

Primary diagnosis: _____