



# Pediatric Specialist Referral

## OPTIONS TO REQUEST AN APPOINTMENT

- Direct Messaging/EHR: [Referral@Direct.VidantHealth.com](mailto:Referral@Direct.VidantHealth.com)
- Fax: 252-847-3337 Phone: 252-847-0097
- Urgent

Please include complete office notes including labs, growth charts and the physician referral note. If you have a stat appointment request, call the physician's office directly. For emergencies, send the patient to the closest Emergency Department.

Check the specialty your patient needs

- ALLERGY
- CARDIOLOGY
- CRANIOFACIAL/PLASTICS
- COMPLEX AND CHRONIC CONDITIONS (C5)
- \*ENDOCRINOLOGY/DIABETES
- ENT/OTOLARYNGOLOGY
- \*GASTROENTEROLOGY
- \*GENETICS
- \*HEALTHY WEIGHT
- HEMATOLOGY/ONCOLOGY
- INFECTIOUS DISEASE
- NEPHROLOGY
- NEUROLOGY
- NEUROSURGERY
- \*NUTRITION
- PHYSICAL MEDICINE & REHAB/PHYSIATRY
- \*PULMONARY
- SLEEP
- SURGERY
- UROLOGY

\*Also requires PCP to obtain prior

authorization for nutrition referral and growth charts

### Additional Notes:

- Pre-Auth needed:  Yes  No  
 Auth # \_\_\_\_\_  
 Dates covered: \_\_\_\_\_  
 # visits covered: \_\_\_\_\_

Referral# \_\_\_\_\_ MRN# \_\_\_\_\_

Referring office _____	Referring office phone _____
Office contact _____	Contact's fax _____
Contact's email _____	Direct message address _____
Referring provider _____	Circle MD DO NP PA NPI # _____
For PAs & NPs – supervising physician _____	NPI # _____

Faxed on \_\_\_\_\_ Requested specialty \_\_\_\_\_

First available OR Requested provider \_\_\_\_\_

Location choice (see reverse side for options) \_\_\_\_\_

Please explain reason for the referral/diagnosis \_\_\_\_\_

Patient name \_\_\_\_\_ Patient DOB \_\_\_\_\_

Patient address \_\_\_\_\_

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

Gender  M  F Race \_\_\_\_\_ Patient SSN \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Preferred language  English  Spanish  Other \_\_\_\_\_  Translator Needed

Insurance:  BCBS  Medicare  Medicaid  Medicaid CA  Tricare Prime\*  Tricare Select  Self-pay  
 Other \_\_\_\_\_

Primary insurance # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary insurance # \_\_\_\_\_ Group # \_\_\_\_\_

Group NPI for authorization \_\_\_\_\_

Dates covered \_\_\_\_\_ # Visits covered \_\_\_\_\_

Guarantor name \_\_\_\_\_

Guarantor birth date \_\_\_\_\_ Guarantor SSN \_\_\_\_\_

\* Appointment will not be scheduled until Tricare Prime & Gateway authorization is received

## VIDANT PHYSICIAN REFERRAL SERVICE USE ONLY

Appointment date		Appointment time	
Specialist name		MD DO NP PA	
Office name	Phone	Fax	
Office address			
Patient notified by: <input type="checkbox"/> Phone <input type="checkbox"/> Specialty Office <input type="checkbox"/> VM <input type="checkbox"/> NVM <input type="checkbox"/> Mail			<input type="checkbox"/> New patient

# Pediatric Outpatient Services

## **ALLERGY**

Allergy Partners of Eastern Carolina  
1150 E Arlington Blvd  
Greenville, NC 27858  
Office (252) 756-1333

The Allergy Center  
2395 Hemby Lane  
Greenville, NC 27834  
Office (252) 321-8683

## **CARDIOLOGY**

ECU  
115 Heart Drive  
Greenville, NC 27834  
Office (252) 744-5601 *Ahoskie, Edenton, Elizabeth City, Goldsboro, Jacksonville, Kenansville, New Bern, Roanoke Rapids and Wilson locations*

Carolina Children's Heart Specialists  
1018 W.H. Smith Blvd  
Greenville, NC 27834  
Office (252) 689-6333

## **CRANIOFACIAL PLASTIC SURGERY**

ECU  
517 Moye Blvd  
Greenville, NC 27834  
Office (252) 744-5291

**CHRONIC CONDITIONS** Center for Children with Complex and Chronic Conditions, (C5)  
ECU Pediatric Specialty Care  
2150 Herbert Court Greenville, NC 27834  
Office (252) 744-5871

## **ENDOCRINOLOGY/DIABETES**

ECU Pediatric Specialty Care  
2150 Herbert Court Greenville, NC 27834  
Office (252) 744-5437

Down East Diabetology  
Office (252) 689-6303  
2609 W. Arlington Blvd  
Greenville, NC 27834  
Office (252) 689-6303

## **ENT/OTOLARYNGOLOGY**

Eastern Carolina ENT  
850 Johns Hopkins Drive  
Greenville, NC 27834  
Office (252) 752-5227

## **GASTROENTEROLOGY**

ECU Pediatric Specialty Care  
2150 Herbert Court Greenville, NC 27834  
Office (252) 744-5437  
*Jacksonville location*

## **GENETICS**

ECU Pediatric Specialty Care  
2150 Herbert Court Greenville, NC 27834  
Office (252) 744-5437

## **HEALTHY WEIGHT**

ECU Physicians Moye Medical Center, 2<sup>nd</sup> Floor  
517 Moye Blvd  
Greenville, NC 27834  
Office (252) 744-3538

## **HEMATOLOGY/ONCOLOGY**

ECU Brody Outpatient Center  
Module F  
600 Moye Blvd  
Greenville, NC 27834  
Office (252) 744-4676

## **INFECTIOUS DISEASE**

ECU Pediatric Specialty Care  
2150 Herbert Court  
Greenville, NC 27834  
Office (252) 744-5437

## **NEPHROLOGY**

ECU Pediatric Specialty Care  
2150 Herbert Court  
Greenville, NC 27834  
Office (252) 744-5437

## **NEUROLOGY**

ECU  
2280 Hemby Lane  
Greenville, NC 27834  
Office (252) 744-9400

## **NEUROSURGERY**

Vidant Medical Group  
2325 Stantonsburg Road  
Greenville, NC 27834  
Office (252) 847-1550

## **PHYSICAL MEDICINE & REHAB/PHYSIATRY**

ECU  
604 Medical Drive  
Greenville, NC 27834  
Office (252) 744-6683

## **PULMONARY**

ECU Pediatric Specialty Care  
2150 Herbert Court  
Greenville, NC 27834  
Office (252) 744-5437

## **SLEEP**

ECU Sleep Disorders Center  
521 Moye Blvd  
Greenville, NC 27834  
Office (252) 744-1600

Vidant Sleep Center  
#4 Doctors Park  
Greenville, NC 27834  
Office (252) 847-7500

## **SURGERY**

ECU Physicians Moye Medical Center, 2<sup>nd</sup> Floor  
517 Moye Blvd  
Greenville, NC 27834  
Office (252) 744-2832  
*Fayetteville, Wilson and Jacksonville locations*

## **UROLOGY**

Physicians East  
1850 West Arlington Blvd  
Greenville, NC 27834  
Office (252) 413-6678

Vidant Urology-Greenville  
275 Bethesda Drive  
Greenville, NC 27834  
Office (252) 752-5077

Vidant Urology-Washington  
1202 Brown Street  
Washington, NC 27889  
Office (252) 946-0136