



Rady Children's Hospital - San Diego  
3020 Children's Way, MC 5015, San Diego, CA 92123

**\*INCOMPLETE REFERRAL\***  
**Documentation  
Required**

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

TO: Referral Coordinator Fax: \_\_\_\_\_

FROM: \_\_\_\_\_

We have received the attached referral for patient \_\_\_\_\_ with  
DOB: \_\_\_\_\_; however the following information is needed to complete  
the referral process.

**Please fax the following items to (858)966-4051 or (858)966-8457.**  
**Please include this cover sheet.**

- Patient Demographics including insurance information
- Guarantor information
- Symptom/Condition/diagnosis
- Service being requested
- Supporting clinical documentation (progress notes, last visit information, etc.)
- Diagnosis does not match specialty
- Other \_\_\_\_\_

*Upon receipt of this information, we will be able to complete the referral process.*

Thank you.

MPF Central Authorizations  
Rady Children's Hospital and Health Care Center

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