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## REFERRALS INSTRUCTIONS:

YOU MUST SEND US **A MESSAGE VIA PATIENT PORTAL**  
***5 DAYS PRIOR TO YOUR APPOINTMENT*** WITH THE  
FOLLOWING INFORMATION:

- Date and time of appointment
- Doctor and Facility name
- Specialist and Facility type
- Doctor and facility address, phone and fax number

WE WILL ONLY PROCESS YOUR INSURANCE  
AUTHORIZATION IF THE ABOVE INFORMATION IS  
PROVIDED TO OUR OFFICE VIA PATIENT PORTAL 5 DAYS  
PRIOR TO THE APPOINTMENT.

Our office will notify you when referral is available on the  
Patient Portal for printing. To print, please log in to portal,  
select child's name, select patient information tab, select  
Forms and select view to open and print referral.

IF YOU GO TO YOUR APPOINTMENT WITHOUT AN  
AUTHORIZATION, YOU WILL HAVE TO RESCHEDULE.