

Referral Guide for Primary Care Providers

Pensacola, Florida



Nemours Children's Clinic, Pensacola

5153 N. Ninth Avenue | Pensacola, FL 32504 | Phone: 850-505-4700 | Fax: 850-473-4508
Office Hours: Monday-Friday, 8 a.m. – 5 p.m.

CARDIOLOGY

P (850) 505-4775

F (850) 505-4772

William B. Blanchard, MD

Joseph P. Davenport, MD*

Mary B. Mehta, MD

Theresa P. Roca, MD

ORTHOPEDICS

P (850) 505-4720

F (850) 505-4726

John P. Ferris Jr., DO

Robert P. Stanton, MD*

Leigh Diamond, PA

CRITICAL CARE (SACRED HEART PICU)

P (850) 416-4325

F (850) 416-4330

Jason A. Foland, MD

Rex L. Northup, MD*

Robert F. Patterson, MD

OTOLARYNGOLOGY (ENT)

P (850) 505-4735

F (850) 505-4714

Jeffrey P. Chicola, MD

Karen Bellapianta, MD

Wayne McCutchen, PA

Keena Oran - Audiologist

ENDOCRINOLOGY

P (850) 505-4745

F (850) 505-4756

Jennifer Bell, MD

Helen Y. Hsiang, MD

Mark A. Kummer, MD*

Susan Hargadon, ARNP

Sandie Hudson, ARNP

PULMONOLOGY

P (850) 505-4785

F (850) 505-4787

Kevin D. Maupin, MD*

Kristin N. Van Hook, MD

RHEUMATOLOGY/ALLERGY & IMMUNOLOGY

P (850) 505-4730

F (850) 505-4787

Brandon J. Dorion, MD*

GASTROENTEROLOGY/NUTRITION

P (850) 505-4760

F (850) 505-4765

Michael K. Jr. Davis, MD

Alan I. Sacks, MD*

Brent Thompson, PA

SURGERY

P (850) 505-4740

F (850) 505-4746

Jimmy E. Jones, MD*

Stephen G. Kimmel, MD

Florence C. Lewis, MD

Jill Wilson, PA

Carrie Johnson, ARNP

HEMATOLOGY/ONCOLOGY

P (850) 505-4790

F (850) 505-4791

Chatchawin Assanasen, MD

Richard T. Parmley, MD

Jeffrey H. Schwartz, MD*

UROLOGY

P (850) 505-4731

F (850) 473-4504

Mark A. Wehry, MD*

NEPHROLOGY

P (850) 505-4750

F (850) 505-4754

Edward C. Kohaut, MD*

* Division Chiefs

SATELLITE CLINIC: Nemours Children's Clinic, Destin

7720 U.S. Highway 98 West, Suite 210 | Destin, FL 32550 | Phone: 850-505-4700 | Fax: 850-473-4508
Office Hours: *Endocrinology Only on Thursdays 8 a.m. – 5 p.m. and; Fridays 8 a.m. - 12 p.m.

To schedule an appointment, please call 850-505-4700.
For more information, visit Nemours.org

Nemours Children's Clinic

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12/20/09

Pensacola, Florida

ADMINISTRATION – Nemours Children’s Clinic, Pensacola

William Blanchard, MD

Medical Director
P (850) 505-4773
F (850) 473-4508

Marcy Kelley

HIM Manager
P (407) 650-7281
F (850) 505-4710

Jimmy E. Jones, MD

Assistant Medical Director
P (850) 473-4512
F (850) 473-4515

Tracey Weber

Admitting Supervisor
P (850) 505-4752
F (850) 505-4711

Mary B. Mehta, MD

Chair of Medicine
P (850) 473-4512
F (850) 473-4515

Jenifer Tindall

PSS Supervisor & Referrals
P (850) 473-4517
F (850) 473-4505

Robert P. Stanton, MD

Chair of Surgery
P (850) 473-4514
F (850) 473-4515

Medical Records Information: (407) 650-7281

Veronica McCrory, RN, MSM, FACMPE

Administrator
Critical Care, Orthopedics, Surgery
P (850) 473-4503
F (850) 473-4508

Donna Reddick

Business Operations/Operations Manager
Cardiology, Gastroenterology, Urology
P (850) 473-4502
F (850) 473-4505

Cortney Owens

Operations/Public Relations Manager
Hematology/Oncology, Nephrology, ENT, Pulmonology, Rheumatology/Allergy, Endocrinology
P (850) 505-4739
F (850) 473-4505

DIVISIONS	PCOLA	DES
Allergy & Immunology	✓	
Audiology	✓	
Cardiology	✓	
Critical Care	✓	
Endocrinology	✓	✓
Gastroenterology/Nutrition	✓	
Hematology/Oncology	✓	
Nephrology	✓	
Orthopedics	✓	
Otolaryngology (ENT)	✓	
Pulmonology	✓	
Rheumatology	✓	
Surgery	✓	
Urology	✓	

To schedule an appointment, please call 850-505-4700.
For more information, visit Nemours.org

Nemours Children’s Clinic

Diagnostic Testing Referral Request Form

For questions or to fax this form to the appropriate clinic:

Cardiology

850-505-4775
850-505-4772 Fax

ENT

850-505-4735
850-505-4714 Fax

Pulmonology

850-505-4785
850-505-4787 Fax

TO: Appointment Scheduler FROM: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DATE: _____ TOTAL NUMBER OF PAGES INCLUDING COVER: _____

REQUESTING PHYSICIAN: _____

OFFICE NUMBER: _____ FAX NUMBER: _____

PATIENT'S NAME: _____ DOB: _____

LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ SECONDARY PHONE: _____

INSURANCE NAME: _____ POLICY HOLDER NAME: _____

ID OR POLICY NUMBER: _____ GROUP NUMBER: _____

SUBSCRIBER'S DATE OF BIRTH: _____

NUMBER OF VISITS: _____ AUTHORIZATION NUMBER: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

Please fax all pertinent medical records and information with current medications.

****Upon receipt of above information, we will contact the parent/guardian to make an appointment.****

Cardiology Diagnostic Tests:

- Echocardiogram (congenital & non-congenital; birth-18 years of age)

Audiology Diagnostic Tests:

- Audiograms
- ABR's in-office (under 6 mths of age – must have failed three hearing screens)

Pulmonary Diagnostic Tests: *Please note that the minimum age is six (6) years of age for spirometry/lung function testing.*

- Asthma Education (Includes proper use of spacers, nebulizers, and asthma medicines you have prescribed for your patient.)
- PFTs-Basic Spirometry (FVC, FEV1, FEF25-75% with a flow volume loop).
- Bronchospasm Evaluation (Basic spirometry before and after bronchodilator).
- Limited Exercise Testing * (Spirometry performed before and after exercise to maximum heart rate on treadmill).
- Full Pulmonary Function Study * (Spirometry before and after bronchodilator, Lung Volumes, Diffusion Capacity, and Resistance to Airflow Plethysmographic Method)
- Diffusion Capacity * (DLCO)

**Please contact our office and speak to one of our pulmonologists or our respiratory therapist prior to ordering these tests.*

*** This portion to be filled out by Nemours Staff***

Appointment Date: _____ Appointment Time: _____

() Patient Contacted () Couldn't contact patient, PCP please follow-up with patient

Comments: _____

Appointment Request Fax Form

Please circle which specialty you would like your patient to see:

Cardiology

850-505-4775
850-505-4772 Fax

ENT

850-505-4735
850-505-4714 Fax

Endocrinology

850-505-4745
850-505-4756 Fax

Gastroenterology

850-505-4760
850-505-4765 Fax

Hem/Oncology

850-505-4790
850-505-4791 Fax

Nephrology

850-505-4750
850-505-4754 Fax

Orthopedics

850-505-4720
850-505-4726 Fax

Pulmonology

850-505-4785
850-505-4787 Fax

Rheumatology/

**Allergy &
Immunology**

850-505-4730
850-505-4787 Fax

Surgery

850-505-4740
850-505-4746 Fax

Urology

850-505-4731
850-473-4504 Fax

TO: Appointment Scheduler

FROM:

FAX NUMBER:

FAX NUMBER:

PHONE NUMBER:

PHONE NUMBER:

DATE:

TOTAL NUMBER OF PAGES INCLUDING COVER:

Requesting Physician: _____

Reason for Visit: _____

Specialty requested: _____ Date of Injury: _____

Physician requested (if preference): _____

Please fax all pertinent medical records including x-rays, labs and test results.

Patient's Name: _____ DOB: _____

Parent's or Legal Guardian's Name: _____

Relationship to patient: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Secondary Phone: _____

Insurance Name: _____ Policy Holder Name: _____

ID or Policy Number: _____ Group Number: _____

Subscriber's Date of Birth: _____ SSN# _____

Number of visits: _____ Authorization No.: _____

Effective Date: _____ Expiration Date: _____

****Upon receipt of above information, we will contact the parent/guardian to make an appointment.****

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*** This portion to be filled out by Nemours Staff***

Appointment Date: _____ Appointment Time: _____ Physician _____

() Patient Contacted () Couldn't contact patient, PCP please follow-up with patient

Comments: _____