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

GASTROENTEROLOGY/NUTRITION
P (850) 505-4760
F (850) 505-4765
Michael K. Jr. Davis, MD
Alan I. Sacks, MD*
Brent Thompson, PA

RHEUMATOLOGY/ALLERGY
& IMMUNOLOGY
P (850) 505-4730
F (850) 505-4787
Brandon J. Dorion, MD*

HEMATOLOGY/ONCOLOGY
P (850) 505-4790
F (850) 505-4791
Chatchawin Assanasen, MD
Richard T. Parmley, MD
Jeffrey H. Schwartz, MD*

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

NEPHROLOGY
P (850) 505-4750
F (850) 505-4754
Edward C. Kohaut, MD*

UROLOGY
P (850) 505-4731
F (850) 473-4504
Mark A. Wehry, MD*

*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
ADMINISTRATION – Nemours Children’s Clinic, Pensacola

William Blanchard, MD  Marcy Kelley
Medical Director  HIM Manager
P (850) 505-4773  P (407) 650-7281
F (850) 473-4508  F (850) 505-4710

Jimmy E. Jones, MD  Tracey Weber
Assistant Medical Director  Admitting Supervisor
P (850) 473-4512  P (850) 505-4752
F (850) 473-4515  F (850) 505-4711

Mary B. Mehta, MD  Jenifer Tindall
Chair of Medicine  PSS Supervisor & Referrals
P (850) 473-4512  P (850) 473-4517
F (850) 473-4515  F (850) 473-4505

Robert P. Stanton, MD
Chair of Surgery
P (850) 473-4514
F (850) 473-4515

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

Medical Records Information: (407) 650-7281

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To schedule an appointment, please call 850-505-4700.
For more information, visit Nemours.org
# Diagnostic Testing Referral Request Form

**TO:** Appointment Scheduler  
**FROM:**

**PHONE 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.**

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### 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:

- 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.

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*** 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:** ______________________________________________________________

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**CONFIDENTIAL:** The information contained in this transmission is privileged, is otherwise confidential, and is intended only for the use of the individual or entity named above. Dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and destroy the communication.
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

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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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us immediately by telephone and destroy the communication.

*** 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: ____________________________________________