Shriners Hospitals
for Children®— Greenville
950 West Faris Road
Greenville, SC 29605

Patient Referral Form

There are two easy ways to refer a patient:

1. Complete this form and fax it to: 864.240.3111
2. Call our referral line at: 866.459.0013

☐ **URGENT**
This requires immediate action

PATIENT INFORMATION – *Please include patient's face sheet with this referral*		
Child's Full Name:	Male Female	DOB:
Parent/Guardian Name:		
Street Address:		
City:	State:	Zip:
Home Number:	Mobile Number:	Spanish Interpreter? Yes No
Primary Insurance:		
Guarantor/Policy Holder:	Member ID:	
Reason for Referral/Diagnosis:		
Primary Care Provider:		

REFERRING PROVIDER'S INFORMATION – *If applicable. We accept self-referrals*		
Name:	MD DO NP PA Other:	
Practice/Agency Name:		
Street:		
City:	State:	Zip:
Phone:	Fax:	
NPI (provider or office):		

FOR INJURY CARE REFERRALS		
Date of Injury:	Location of Injury:	Surgery Performed? Yes No
Treatment? Yes No If so, what and where?		
Mechanism of Injury:		
Medications Prescribed?	Images? X-ray MRI	