

Medical Referral Document 7

SEATTLE CHILDREN'S HOSPITAL

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PEDIATRIC ALLERGY/PULMONOLOGY REFERRAL

Date: November 28, 2025

Referral ID: SCH-PEDS-5521

REFERRING PHYSICIAN

Dr. Alice Shepard, MD

Pediatrics

Rainier Valley Pediatric Clinic

Phone: (206) 555-3392

Email: ashepard@rainierpeds.com

PATIENT INFORMATION

Name: Timothy "Timmy" Turner

DOB: February 10, 2018 (Age: 7)

Gender: Male

Parent/Guardian: Mary and John Turner

MRN: SCH-883920

Insurance: Regence BlueShield

Policy #: RBS-WA-773829

Phone: (206) 555-0021

Address: 22 Pine St, Seattle, WA 98101

REFERRAL TO

Specialty: Pediatric Pulmonology & Allergy

Reason: Poorly controlled asthma and suspected peanut allergy

Urgency: Routine (within 3 weeks)

CLINICAL SUMMARY

7-year-old male with history of mild intermittent asthma now presenting with frequent exacerbations (using Albuterol 4x/week). Nighttime awakening due to cough 2x/week. Parents also report a recent episode of lip swelling and hives after consuming a cookie containing peanut butter traces. Epipen Jr. was prescribed in office today.

Current Medications:

- Albuterol HFA 90mcg (2 puffs q4h PRN)
- Flovent HFA 44mcg (started today, 1 puff BID)

Vitals:

- O2 Sat: 97% RA
- RR: 22
- Lungs: Mild end-expiratory wheeze noted bilaterally

REQUESTED SERVICES

- Pulmonary Function Testing (Spirometry)
- Asthma Action Plan update
- Skin prick testing for food allergens (Peanut/Tree Nut panel)

AUTHORIZATION

Prior Authorization required for specialist visit. Reference #: AUTH-SCH-5521.

Physician Signature: *Dr. Alice Shepard, MD*

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