

# 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](mailto: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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