



Linda A. Paxton, M.D., F.A.A.P.
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 Daniel H. Feldman, M.D., F.A.A.P.
 Aasha L. Parikh, M.D., F.A.A.P.
 Vi T. Nguyen, M.D., F.A.A.P.
 Nadira Ramnarain, M.D., F.A.A.P.
 Bret Johnson, D.O., F.A.A.P.

Website: pacaremd.com

MY INSURANCE COMPANY REQUIRES A REFERRAL TO SEE A SPECIALIST

Date of Request _____

Please note: Insurance company referrals will be completed within 48 hours of receipt. Any request made on Friday will not be completed until the following week, Tuesday. If you have any questions please call our office (301) 681-6730.

About the patient

| | | |
|---------------------------|----------------|--|
| Patient's Name: | Date of Birth: | Phone number you can be reached if we have any questions: () |
| Insurance Company's Name: | | |

Referred by: Dr. Feldman Dr. Paxton Dr. Witkin Dr. Johnson
 Dr. Parikh Dr. Nguyen Dr. Ramnarain

About the Doctor you will see

| | | | |
|---|---------------------------------|----------------------|----------------------|
| Specialist's Name or Hospital Dept's Name: | | | |
| Specialist's Office Phone Number: () | Specialist's Fax Number: () | Date of Appointment: | Time of Appointment: |
| Reason for the Referral (Diagnosis if known): | | | |

Parent Request Referral To Be:

Mailed to home address: _____

I will pick up. Contact me at: _____

Uploaded to Patient Portal.

Fax to: (301) 681-4268, Mail to: 12501 Prosperity Drive Ste 100, Silver Spring, MD 20904 or Attach to patient portal message.