VALLEY CHILDREN'S HEALTHCARE SCHOOL CORRESPONDENCE

FAX COVER SHEET

Date: **Number of Pages:**

From:		**To:** Valley Children's HEALTHCARE — Valley Children's Healthcare 9300 Valley Children's Place, Madera, CA 93636 Main Phone: 559-353-3000	
Staff:		○ Akers Specialty Care Center, Visalia T. 559-302-1245 F. 559-302-1247	○ Neurosurgery T. 559-353-6277 F. 559-353-8368
School Name:		○ Cardiology (Willson Heart Center) T. 559-353-6257 F. 559-353-8356	○ Olivewood Specialty Care Center, Merced T. 209-726-0199 F. 559-353-7931
Address:		○ Charlie Mitchell Children's Center T. 559-353-6425 F. 559-353-6441	○ Oncology (Cancer & Blood Disease Center) T. 559-353-5480 F. 559-353-5490
		○ Child Advocacy Clinic T. 559-353-6022 F. 559-353-7176	○ Orthopedics T. 559-353-5941 F. 559-353-8447
		○ Downtown Fresno Specialty Care Center T.559-353-6960 F. 559-353-6961	○ Pediatric Surgery T. 559-353-7290 F. 559-353-8363
Tel:	559-	○ Eagle Oaks Specialty Care, Bakersfield T. 661-564-3300 F. 661-564-3301	○ Pelandale Specialty Care Center, Modesto T. 209-572-3880 F. 559-353-7961
Fax:	559-	○ Ears, Nose, & Throat (ENT) T. 559-353-6453 F. 559-353-8352	○ Physiatry (Physical medicine & Rehabilitation) T. 559-353-6215 F. 559-353-6222
		○ Endocrinology T. 559-353-8700 F. 559-353-6612	○ Plastic Surgery T. 559-353-6277 F. 559-353-8370
		○ Genetic Medicine & Metabolism T. 559-353-6400 F. 559-353-7213	○ Pulmonology T. 559-353-5550 F. 559-353-5597
		○ Gastroenterology T. 559-353-5745 F. 559-353-6093	○ Rheumatology & Immunology T. 559-353-6450 F. 559-353-8391
		○ Hematology (Cancer & Blood Disease Center) T. 559-353-5460 F. 559-353-8059	○ Spruce Specialty Care Center, Fresno T. 559-256-5760 F. 559-353-8447
		○ Infectious Disease T. 559-353-6450 F. 559-353-8391	○ Templeton Specialty Care Center, Templeton T. 805-468-8150 F. 805-468-8151
		○ Nephrology T. 559-353-5770 F. 559-353-5822	○ Urology T. 559-353-6195 F. 559-353-6144
		○ Neurology T. 559-353-6215 F. 559-353-6222	○ Release of information E: releaseofinformation@valleychildrens.org F: 559-353-5418
RE:			
	Student Name (First, Last, and any additional names child used)		DOB
	Medical Record Number (if known)		

	Check all that apply: ☐ General student information ☐ Clarification on school order ☐ Updated order ☐ Waiting on school order ☐ New order
Comment:	

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