

Pediatric General and Thoracic Surgery

Phone 412-692-7280 Fax 412-692-6069



Request for Consultation

Patient Name _____ DOB ____ / ____ / ____

Referring Doctor _____

Referring Doctor call-back number _____

Reason for Consultation _____

Suspected Diagnosis

- | | |
|--|---|
| <input type="checkbox"/> Abdominal Mass | <input type="checkbox"/> Neck Lesion |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Branchial Cleft |
| <input type="checkbox"/> Anal Fistula | <input type="checkbox"/> Dermoid |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Lymph Node |
| <input type="checkbox"/> Breast Lesion | <input type="checkbox"/> Thyroglossal Duct Cyst |
| <input type="checkbox"/> Constipation/Hirschsprung's | <input type="checkbox"/> Thyroid Mass |
| <input type="checkbox"/> Cyst | <input type="checkbox"/> Torticollis |
| <input type="checkbox"/> Dermoid | <input type="checkbox"/> Ovarian Cyst/Mass |
| <input type="checkbox"/> Pilomatrixoma | <input type="checkbox"/> Pectus Deformity |
| <input type="checkbox"/> Sebaceous | <input type="checkbox"/> Carinatum |
| <input type="checkbox"/> Foreign Body | <input type="checkbox"/> Excavatum |
| <input type="checkbox"/> Gall Bladder Disease | <input type="checkbox"/> Pilonidal Cyst |
| <input type="checkbox"/> Gastrostomy | <input type="checkbox"/> Rib/Chest Wall Mass |
| <input type="checkbox"/> Gastroesophageal Reflux | <input type="checkbox"/> Skin Tags-Congenital |
| <input type="checkbox"/> Gynecomastia | <input type="checkbox"/> Anal |
| <input type="checkbox"/> Hemangioma | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Torso |
| <input type="checkbox"/> Epigastric | <input type="checkbox"/> Urologic |
| <input type="checkbox"/> Hiatal | <input type="checkbox"/> Undescended Testis |
| <input type="checkbox"/> Inguinal | <input type="checkbox"/> Foreskin Problem |
| <input type="checkbox"/> Umbilical | <input type="checkbox"/> Hydrocele |
| <input type="checkbox"/> Hirschsprungs Disease | <input type="checkbox"/> Retractable Testis |
| <input type="checkbox"/> Hydrocele | <input type="checkbox"/> Vascular Malformation |
| <input type="checkbox"/> Inflammatory Bowel Disease | Other _____ |
| <input type="checkbox"/> Lipoma | _____ |
| <input type="checkbox"/> Lung Mass/Lesion | _____ |
| <input type="checkbox"/> Lymphadenopathy | Comments _____ |
| <input type="checkbox"/> Lymphangioma | _____ |
| <input type="checkbox"/> Nevus Evaluation | _____ |

Offices

INPATIENT & OUTPATIENT CONSULTATION

- Children's Hospital of Pittsburgh of UPMC**
One Children's Hospital Drive
4401 Penn Ave.
Pittsburgh, PA 15224

CONSULTATION & SURGICAL SERVICES

- Children's North**
2599 Wexford Bayne Road
Sewickley, PA 15143
- Children's South**
1300 Oxford Drive
Bethel Park, PA 15102

CONSULTATION ONLY

- Children's East**
Corporate One Office Park
Building One
4055 Monroeville Blvd.
Monroeville, PA 15146
- Children's Hospital Specialty Care Center Hermitage**
875 North Hermitage Road
Hermitage, PA 16148
- Children's Hospital Specialty Care Center Johnstown**
Children's Health Center
1322 Eisenhower Blvd.
Johnstown, PA 15904
- Children's Hospital Specialty Care Center Wheeling**
10 Medical Park
Tower 1, Suite 305
Wheeling, WV 26003

Call 412-692-7280 to schedule an appointment at any of our locations. See back page for a map of locations.

Staff

Geoffrey Bond, MD
R. Cartland Burns, MD
Barbara Gaines, MD
George Gittes, MD
David Hackam, MD, PhD
Aviva Katz, MD

Kelly Miller, MD
Doug Potoka, MD
Kim Cogley, RN
Christine Hinds, RN
Lynn Nicotra, RN

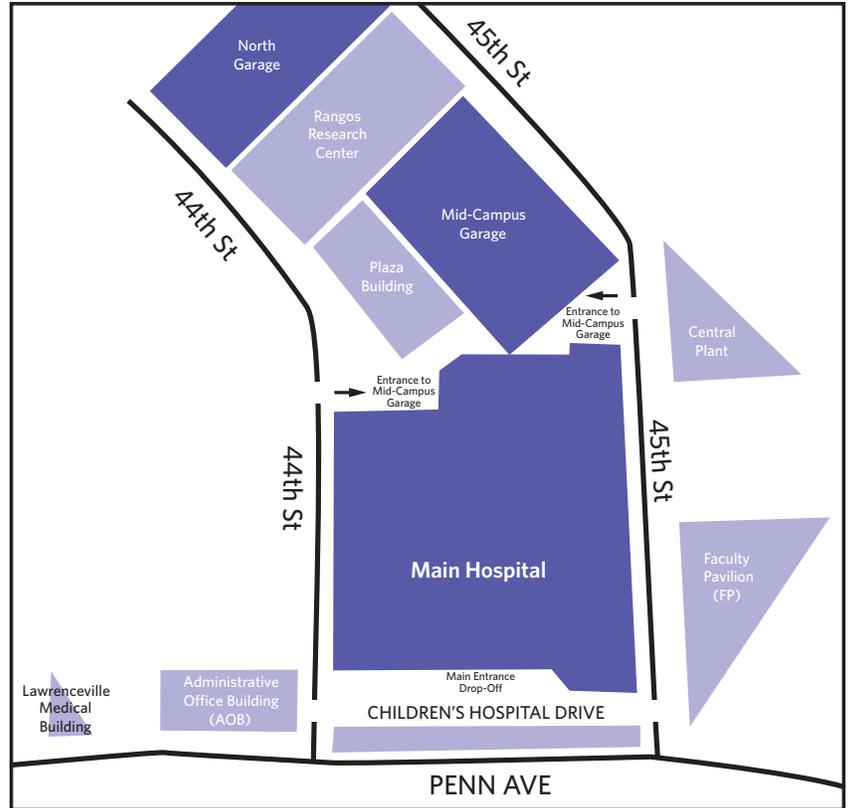
Patient Instructions

Our practice specializes in surgical diseases of infancy and childhood. We provide consultative, surgical, laparoscopic, and follow-up services for ages 0-18. Our telephone number is 412-692-7280 to schedule appointments at all offices. Please arrive 20 minutes prior to your first appointment to register and fill out patient history forms. These forms can also be sent from our office at your request. Please bring them with you. Please have a list of all questions you wish to ask your doctor. Please bring all laboratory values, x-rays, and CT scans with you if they have not been done in a UPMC facility. We have computer access to all UPMC radiology studies.

Go to www.chp.edu/locations for driving directions to any Children's location.

Maps of Our Offices

Main Campus



Regional Locations

