

**REQUEST FOR AUTHORIZATION OF REFERRAL TO  
ENDOCRINOLOGY CLINIC FOR SHORT STATURE**

Please complete this form **and the standard referral form**, attach supporting clinical documentation, and either fax to CPMG at 858-309-7977, or upload directly to your authorization submission on the EZ-Net portal.

**CPMG cannot review your request without this information.**

Name of referring Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID# \_\_\_\_\_ DOB: \_\_\_\_\_

**Referrals to Endocrinology for the evaluation of short stature in patients 2 years of age or older\*\* with no obvious Metabolic/Genetic/Dysmorphic Syndrome may be considered medically necessary when one or more of the following conditions are present:**

*(Please check all that apply)*

- Height less than the 3<sup>rd</sup> percentile and below expected stature based on mid parental height calculation
- Downward crossing of the height percentiles by two percentile LINES after the age of 2 years
- Projected adult height at least 3 inches (7.5 cm) below mid-parental height calculation.
- Growth Velocity less than 4.2 cm/year
- Other (please be specific) \_\_\_\_\_

**Labs to be completed:**

1. CBC
2. Sedimentation Rate
3. AMA Comprehensive Chemistry Panel
4. Urinalysis
5. Free T 4, TSH
6. IGF-1, IGFBP-3
7. Celiac screen: TTG IgA, Total IgA  
**If abnormal, redirect referral to GI**
8. Karyotype for female patients- at Rady  
Use Lab order LAB01488 (Chromosome Analysis, Mosaicism \*QST)

**Mid-parental height calculation**

Females = {(Father's height – 5")  
+ mother's height} divided by 2

Males = {Father's height + (mother's  
height + 5") } divided by 2

**Radiology:** Bone Age X-ray

**Required Supporting Clinical Documentation:**

1. Growth curve
2. Mid-parental height calculation
3. Results of laboratory and radiographic assessments as above