



## Customize Your Clinical Communication Preferences

Please select and enter necessary information for clinical information your facility expects to receive.

**First and Last Name**

**Practice Name**

**Providers Requesting Updates to Clinical Communications**

**Practice Address**

**Practice Phone Number (    )**

**Practice Email**

**Please provide us your default fax to receive clinical reports and results.**

**(    )**

**Do you have a Valley Children's Epic CareLink account?      Yes      No**

## Summary Notification

Valley Children's provides the following reports to all referring providers via fax unless otherwise specified. Below, please check the box next to the summaries/reports you would like to continue receiving via fax.

Summaries/reports left unchecked indicate you no longer wish to receive the information by fax.

Select boxes below.

**Cardiac Testing Reports**

**Discharge Summaries**

**Emergency Summary**

**History and Physical**

**Imaging Reports**

**Lab Results**

**Surgical Reports**

**Visit Notes**

**Daily Patient Activity Report**

**Daily Referral Status Report**

When complete, please email to [physicianrelations@valleychildrens.org](mailto:physicianrelations@valleychildrens.org) or fax to (559) 353-7229.