

## **Community Pediatricians Database**

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## Community Pediatricians Database

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### **Auerbach**

Dr. Bryan Auerbach, MD  
Catalina Pediatrics  
3085 N Swan Rd  
Tucson, AZ  
Email: bryaskier@aol.com  
Clinic daytime phone # 520-323-3099  
Clinic after-hours phone # 520-323-3099  
Fax# 520-323-3460

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

**Daytime:** “Phone call to clinic.”

**After hours:** “Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

Phone call to clinic, DAYTIME ONLY.

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### **Barber**

Dr. Brent Barber, MD  
UPH Pediatric Cardiology  
2916 E Broadway Blvd  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-321-3650  
Clinic after-hours phone # 520-694-6000  
Fax# 520-694-9963

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to the clinic (DAYTIME ONLY)”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to clinic.”

“Phone call to the clinic (DAYTIME ONLY)”

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### **Basser-Decker**

Dr. Tracy Basser-Decker MD

Orange Grove Pediatrics

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Tucson, AZ

Email: tbdeck@msn.com

Clinic daytime phone # 520-797-3888

Clinic after-hours phone # 520-797-3888

Fax# 520-797-2196

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients or may elect hospitalist.”

Requested method of notification regarding an **admission** of their patient.

“phone call to clinic DAYTIME ONLY”

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**Bean**

Dr. John R. Bean, MD  
Old Pueblo Pediatrics  
1925 W Orange Grove Road, Suite 200  
Tucson, AZ 85704  
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Fax# 520-797-7077

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Fax follow up request to the clinic and we will expect a call from the patients guardian  
to schedule the next day followup.”

Requested method of **admission**:  
“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.  
“Fax admission data.”  
“No phone call requested.”

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**Black-Davis**

Dr. Pamela Black Davis, MD  
Tucson Central Pediatrics  
630 N Alvernon Way # 171  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-325-8000  
Clinic after-hours phone # 520-408-4438  
Fax# 520-325-8616

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”  
“Phone call to the clinic DAYTIME only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“No phone call needed. The patient will be seen by having the guardian call the clinic the next day.”

**Requested method of admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

**Requested method of notification regarding an admission of their patient.**

“I request no phone call from the ED and will correspond with the hospitalist.”

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**Blair**

Dr. Brian Blair, MD

Arizona Pediatric Cardiology Consultants  
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Clinic after-hours phone # 520-320-7999  
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**Requested method of notification regarding ED evaluation of their patient?**

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted.”

**Requested method of notification regarding a needed next day follow up for their patient (Include reason for next day followup)**

“Phone call to clinic at any time.”

**Requested method of admission:**

“I have privileges at UMC and may admit my own patients.”

**Requested method of notification regarding an admission of their patient.**

“Phone call to clinic at any time.”

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**Bianchi**

Henry Bianchi, MD

Casas Adobes Pediatrics  
7600 N. LaCholla Blvd.  
Tucson, AZ 85741  
Email:  
Clinic daytime phone # 520-751-3675  
Clinic after-hours phone # 520-751-3675  
Fax# 520-547-5767

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to the office.”

“No phone call requested.”

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#### **Bowen**

Dr. Kathryn Bowen, MD

UPH Children’s Center at Kino

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Clinic after-hours phone # 520-874-2000

Fax# 520-874-4751

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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#### **Clemens**

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UPH Children’s Center at Kino

Email:  
Clinic daytime phone # 520-874-4750  
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Fax# 520-874-4751

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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### **Cochran**

Dr. Mary Cochran, MD FAAP  
Sunrise Medical Group, PC  
Email:  
Clinic daytime phone # 520-617-0971  
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Fax# 520-882-8973

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to clinic DAYTIME ONLY”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

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**Concannon**

Dr. Kevin H. Concannon, MD  
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Fax# 520-544-7628

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have the patient bring their discharge paperwork to their next appointment.”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

“No phone call requested.”

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**Couchman**

Dr. Jeffrey Couchman, MD  
Sunrise Medical Group, PC  
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Clinic after-hours phone # 520-750-6462  
Fax# 520-882-8973

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to clinic DAYTIME ONLY”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

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**Cramer**

Dr. Eric H. Cramer, MD FAAP  
Sunrise Medical Group, PC

Email:

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Clinic after-hours phone # 520-750-6462

Fax# 520-882-8973

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to clinic DAYTIME ONLY”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

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**Cristello**

Dr. Gabriel Cristello, MD  
Clara Vista Medical Associates  
6565 E Carondelet Dr # 285  
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Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

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**Curtiss**

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Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data. “No phone call requested.”

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**Davenport**

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Fax# 520-874-4751

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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**DeLaCruz**

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Fax# 520-544-7628

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have the patient bring their discharge paperwork to their next appointment.”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

“No phone call requested.”

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**Donnerstein**

Dr. Richard Donnerstein, MD

UPH Pediatric Cardiology

2916 E Broadway Blvd

Tucson, AZ

Email:

Clinic daytime phone # 520-321-3650

Clinic after-hours phone # 520-694-6000

Fax# 520-694-9963

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to the clinic (DAYTIME ONLY)”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to clinic.”

“Phone call to the clinic (DAYTIME ONLY)”

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**Dveirin**

Dr. Keith Dveirin, MD

Clara Vista Medical Associates

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Clinic after-hours phone # 520-547-7045  
Fax# 520-547-7060

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

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## **Fike**

Dr. Nadia Fike, MD/PhD

Pediatric Neurology (Center for Neurosciences)

5155 E Farness Dr # 111c

Tucson, AZ

Email:

Clinic daytime phone # 520-326-2661

Clinic after-hours phone # 520-326-2661

Or pager # 520-446-5134

Fax# 520-326-1120

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.” “Patient will likely require referral from PCP”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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**Foster**

Dr. Ariana Foster, MD  
Catalina Pediatrics  
3085 N Swan Rd  
Tucson, AZ  
Email: fosterhome@comcast.net  
Clinic daytime phone # 520-323-3099  
Clinic after-hours phone # 520-323-3099  
Fax# 520-323-3460

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

**Daytime:** “Phone call to clinic.”

**After hours:** “Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

Phone call to clinic, DAYTIME ONLY.

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**Foth**

Dr. Michelle Foth, MD  
Sunrise Medical Group, PC  
Email: mfoth@cox.net  
Clinic daytime phone # 520-617-0971  
Clinic after-hours phone # 520-750-6462  
Fax# 520-882-8973

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to clinic DAYTIME ONLY”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

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**Frisby**

Dr. Regina Frisby, MD  
Tucson Central Pediatrics  
630 N Alvernon Way # 171  
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Email:  
Clinic daytime phone # 520-325-8000  
Clinic after-hours phone # 520-408-4438  
Fax# 520-325-8616

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to the clinic DAYTIME only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“No phone call needed. The patient will be seen by having the guardian call the clinic the next day.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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**Gloudemans**

Dr. Mary Gloudemans MD  
Orange Grove Pediatrics  
6060 N Fountain Plaza Dr # 200  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-797-3888  
Clinic after-hours phone # 520-797-3888  
Fax# 520-797-2196

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients or may elect hospitalist.”

Requested method of notification regarding an **admission** of their patient.

“phone call to clinic DAYTIME ONLY”

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### **Goldberg**

Dr. Steve Goldberg, MD  
Catalina Pediatrics  
3085 N Swan Rd  
Tucson, AZ  
Email: drssquared@aol.com  
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Fax# 520-323-3460

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

**Daytime:** “Phone call to clinic.”

**After hours:** “Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

Phone call to clinic, DAYTIME ONLY.

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### **Gray**

Dr. John C. Gray, MD  
Pediatric Neurology (Center for Neurosciences)

5155 E Farness Dr # 111c  
Tucson, AZ  
Email: drjohngray@qwest.net  
Clinic daytime phone # 520-326-2661  
Clinic after-hours phone # 520-326-2661  
Or pager # 520-446-5134  
Fax# 520-326-1120

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.” “Patient will likely require referral from PCP”

Requested method of **admission**:  
“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.  
“I request no phone call from the ED and will correspond with the hospitalist.”

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## **Hom**

Dr. Robert Hom, MD  
Tucson Central Pediatrics  
630 N Alvernon Way # 171  
Tucson, AZ  
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Fax# 520-325-8616

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”  
“Phone call to the clinic DAYTIME only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“No phone call needed. The patient will be seen by having the guardian call the clinic the next day.”

Requested method of **admission**:  
“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

---

### **Hull**

Dr. Gretchen Hull, MD  
Tucson Central Pediatrics  
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Tucson, AZ  
Email:  
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Clinic after-hours phone # 520-408-4438  
Fax# 520-325-8616

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to the clinic DAYTIME only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“No phone call needed. The patient will be seen by having the guardian call the clinic the next day.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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### **Khalsa**

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Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to the office.”

“No phone call requested.”

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**Klewer**

Dr. Scott Klewer, MD

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Email:

Clinic daytime phone # 520-321-3650

Clinic after-hours phone # 520-694-6000

Fax# 520-694-9963

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to the clinic (DAYTIME ONLY)”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to clinic.”

“Phone call to the clinic (DAYTIME ONLY)”

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**Kurtzman**

Dr. Tracey Kurtzman, MD

Children’s Clinics (Children’s Clinics for Rehabilitative Services)

Email: kurtzman@peds.arizona.edu

Clinic daytime phone # 520-324-3280

Clinic after-hours phone # 520-694-6000

Fax# 520-324-3286

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Fax follow up request to the clinic and we will expect a call from the patients guardian  
to schedule the next day followup.”

Requested method of **admission**:  
“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.  
“Fax admission data to the clinic.”  
“Phone call to clinic at any time for On-call doctor.”

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**Lax**

Dr. Daniela Lax, MD  
UPH Pediatric Cardiology  
2916 E Broadway Blvd  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-321-3650  
Clinic after-hours phone # 520-694-6000  
Fax# 520-694-9963

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”  
“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Fax follow up request to the clinic and we will expect a call from the patients guardian  
to schedule the next day followup.”  
“Phone call to the clinic (DAYTIME ONLY)”

Requested method of **admission**:  
“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.  
“Fax admission data to clinic.”  
“Phone call to the clinic (DAYTIME ONLY)”

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**Lloyd**

Dr. Janel Lloyd, MD  
Catalina Pediatrics  
3085 N Swan Rd  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-323-3099  
Clinic after-hours phone # 520-323-3099  
Fax# 520-323-3460

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

**Daytime:** “Phone call to clinic.”

**After hours:** “Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

Phone call to clinic, DAYTIME ONLY.

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**Macias**

Dr. Carlos Macias, MD  
Arizona Pediatric Cardiology Consultants  
6367 E Tanque Verde Rd # 220  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-320-7999  
Clinic after-hours phone # 520-320-7999  
Fax# 520-320-9211

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted.”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Phone call to clinic at any time.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

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**Makol**

Dr. George Makol, MD

Alvernon Allergy and Asthma

630 N Alvernon Way # 280

Tucson, AZ

Email:

Clinic daytime phone # 520-322-8361

Clinic after-hours phone # 520-322-8361

Fax# 520-322-8462

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have no privileges at UMC. Please refer to the primary physician for admission.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to the clinic.”

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**Manthei**

Dr. Uwe Manthei, MD/PhD

Email: [umanthei@cox.net](mailto:umanthei@cox.net)

Clinic daytime phone # 520-322-8361

Clinic after-hours phone # 520-322-8361

Fax# 520-322-8462

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have no privileges at UMC. Please refer to the primary physician for admission.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to the clinic.”

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### **Markowitz**

Dr. Michael Markowitz, MD  
1611 W Ina Rd  
Tucson, AZ  
Email: drmikemark@msn.com  
Clinic daytime phone # 520-297-8278  
Clinic after-hours phone # 520-408-4357  
Fax# 520-797-2533

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to the clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

DAYTIME: “Phone call to clinic.”

AFTERHOURS: Phone call to clinic anytime “if anything needs communication prior to followup”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients”

For admission, **page 520-531-7792.**

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at anytime.”

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### **Marshall**

Dr. William Marshall, MD  
UPH Children’s Center at Kino and Childrens Rehabilitative Services  
Email:  
Clinic daytime phone # 520-874-4750  
Clinic after-hours phone # 520-874-2000

Fax# 520-874-4751

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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### **McHorney**

Dr. David M. Horney, MD

Cholla Pediatrics

2167 W Orange Grove Rd

Tucson, AZ

Email: david@chollaped.net

Clinic daytime phone # 520-544-7650

Clinic after-hours phone # 520-544-7650

Fax# 520-544-7628

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have the patient bring their discharge paperwork to their next appointment.”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

“No phone call requested.”

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### **Montez**

M. Montez PNP

UPH Children's Center at Kino

Email:

Clinic daytime phone # 520-874-4750

Clinic after-hours phone # 520-874-2000

Fax# 520-874-4751

Requested method of notification regarding **ED evaluation** of their patient?

"Fax discharge data to clinic"

"Have patient bring their discharge paperwork to their next followup"

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

"Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup."

Requested method of **admission**:

"I always want my patients to be admitted to the hospitalist and housestaff service."

Requested method of notification regarding an **admission** of their patient.

"I request no phone call from the ED and will correspond with the hospitalist."

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### **Moussa**

Dr. Sosan Moussa, MD

Catalina Pediatrics

3085 N Swan Rd

Tucson, AZ

Email: sosanlmoussa@aol.com

Clinic daytime phone # 520-323-3099

Clinic after-hours phone # 520-323-3099

Fax# 520-323-3460

Requested method of notification regarding **ED evaluation** of their patient?

"Fax discharge data to clinic"

"phone call to clinic only if the patient is to be admitted"

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

**Daytime:** "Phone call to clinic."

**After hours:** "Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup."

Requested method of **admission**:

"I always want my patients to be admitted to the hospitalist and housestaff service."

Requested method of notification regarding an **admission** of their patient.  
Fax admission data.  
Phone call to clinic, DAYTIME ONLY.

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**Murthy**

Dr. Kudagal Murthy, MD  
Alvernon Allergy and Asthma  
630 N Alvernon Way # 280  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-322-8361  
Clinic after-hours phone # 520-322-8361  
Fax# 520-322-8462

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Fax follow up request to the clinic and we will expect a call from the patients guardian  
to schedule the next day followup.”

Requested method of **admission**:  
“I have no privileges at UMC. Please refer to the primary physician for admission.”

Requested method of notification regarding an **admission** of their patient.  
“Fax admission data to the clinic.”

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**Patton**

Dr. Robert L. Patton, MD  
Cholla Pediatrics  
2167 W Orange Grove Rd  
Tucson, AZ  
Email: robert@chollaped.net  
Clinic daytime phone # 520-544-7650  
Clinic after-hours phone # 520-544-7650  
Fax# 520-544-7628

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”  
“Have the patient bring their discharge paperwork to their next appointment.”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

**Requested method of admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

**Requested method of notification regarding an admission of their patient.**

Fax admission data.

“No phone call requested.”

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**Russakoff**

Dr. Neil Russakoff, MD  
Clara Vista Medical Associates  
6565 E Carondelet Dr # 285  
Tucson, AZ 85710  
Email: nrussakoff@azacp.com  
Clinic daytime phone # 520-547-7045  
Clinic after-hours phone # 520-547-7045  
Fax# 520-547-7060

**Requested method of notification regarding ED evaluation of their patient?**

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

**Requested method of notification regarding a needed next day follow up for their patient (Include reason for next day followup)**

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

**Requested method of admission:**

“I have privileges at UMC and may admit my own patients.”

**Requested method of notification regarding an admission of their patient.**

“Phone call to clinic at any time.”

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**Sachrison**

Dr. Beth Sachrison MD  
Orange Grove Pediatrics  
6060 N Fountain Plaza Dr # 200  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-797-3888  
Clinic after-hours phone # 520-797-3888  
Fax# 520-797-2196

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients or may elect hospitalist.”

Requested method of notification regarding an **admission** of their patient.

“phone call to clinic DAYTIME ONLY”

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### **Samson**

Dr. Ric Samson, MD

UPH Pediatric Cardiology

2916 E Broadway Blvd

Tucson, AZ

Email: rsamson@peds.arizona.edu

Clinic daytime phone # 520-321-3650

Clinic after-hours phone # 520-694-6000

Fax# 520-694-9963

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to the clinic (DAYTIME ONLY)”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to clinic.”

“Phone call to the clinic (DAYTIME ONLY)”

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## Shapiro

Dr. Eve Shapiro MD  
Orange Grove Pediatrics  
6060 N Fountain Plaza Dr # 200  
Tucson, AZ  
Email: shapiroe@u.arizona.edu  
Clinic daytime phone # 520-797-3888  
Clinic after-hours phone # 520-797-3888  
Fax# 520-797-2196

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“phone call to clinic at any time”

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## Swanson

Dr. Carol A. Swanson MD  
Casas Adobes Pediatrics  
7600 N. LaCholla Blvd.  
Tucson, AZ 85741  
Email: swansonmd@msn.com  
Clinic daytime phone # 520-751-3675  
Clinic after-hours phone # 520-751-3675  
Fax# 520-547-5767

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to the office.”

“No phone call requested.”

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**Talwar**

Dr. Dinesh Talwar, MD  
Pediatric Neurology (Center for Neurosciences)  
5155 E Farness Dr # 111c  
Tucson, AZ  
Email:  
Clinic daytime phone # 520-326-2661  
Clinic after-hours phone # 520-326-2661  
Or pager # 520-446-5134  
Fax# 520-326-1120

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.” “Patient will likely require referral from PCP”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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**Traquair**

Dr. Philip Traquair, MD  
Javelina Pediatrics  
1521 E. Tangerine Rd, suite 205  
Oro Valley, AZ 85755  
Email: email@javelinapediatrics.com  
Clinic daytime phone # 520-531-0060  
Clinic after-hours phone # 520-531-0060  
Fax# 520-498-2461

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

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### **Villar**

Dr. Rodrigo Villar, MD FAAP

Children’s Clinics (Children’s Clinics for Rehabilitative Services)

Email: Rodrigo.villar@tmcaz.com

Clinic daytime phone # 520-324-3280

Clinic after-hours phone # 520-694-6000

Fax# 520-324-3286

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to the clinic.”

“Phone call to clinic at any time for On-call doctor.”

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### **Wilcox**

Dr. Graciela Wilcox, MD

Catalina Pediatrics

3085 N Swan Rd

Tucson, AZ

Email: gandgwilcox@cox.net

Clinic daytime phone # 520-323-3099

Clinic after-hours phone # 520-323-3099

Fax# 520-323-3460

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

**Daytime:** “Phone call to clinic.”

**After hours:** “Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

Phone call to clinic at any time.

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## Requests by group

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### **Alvernon Allergy and Asthma P.C.**

Alvernon Allergy and Asthma

630 N Alvernon Way # 280

Tucson, AZ

Clinic daytime phone # 520-322-8361

Clinic after-hours phone # 520-322-8361

Fax# 520-322-8462

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission:**

“I have no privileges at UMC. Please refer to the primary physician for admission.”

Requested method of notification regarding an **admission** of their patient.  
“Fax admission data to the clinic.”

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**Arizona Pediatric Cardiology Consultants**

6367 E Tanque Verde Rd # 220  
Tucson, AZ  
Clinic daytime phone # 520-320-7999  
Clinic after-hours phone # 520-320-7999  
Fax# 520-320-9211

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”  
“Phone call to clinic only if the patient is to be admitted.”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Phone call to clinic at any time.”

Requested method of **admission**:  
“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.  
“Phone call to clinic at any time.”

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**Casas Adobes Pediatrics**

7600 N. LaCholla Blvd.  
Tucson, AZ 85741  
Clinic daytime phone # 520-751-3675  
Clinic after-hours phone # 520-751-3675  
Fax# 520-547-5767

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:  
“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to the office.”

“No phone call requested.”

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**Catalina Pediatrics:**

3085 N Swan Rd, Tucson, AZ, 85712

3085 N Swan Rd

Tucson, AZ

Clinic daytime phone # 520-323-3099

Clinic after-hours phone # 520-323-3099

Fax# 520-323-3460

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

**Daytime:** “Phone call to clinic.”

**After hours:** “Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

Phone call to clinic, DAYTIME ONLY.

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**Children’s Clinics (Children’s Clinics for Rehabilitative Services)**

Clinic daytime phone # 520-874-4750

Clinic after-hours phone # 520-874-2000

Fax# 520-874-4751

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

**Requested method of admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

**Requested method of notification regarding an admission of their patient.**

“I request no phone call from the ED and will correspond with the hospitalist.”

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**Cholla Pediatrics:**

2167 W Orange Grove Rd, Tucson, AZ 85741

2167 W Orange Grove Rd

Tucson, AZ

Email: david@chollaped.net

Clinic daytime phone # 520-544-7650

Clinic after-hours phone # 520-544-7650

Fax# 520-544-7628

**Requested method of notification regarding ED evaluation of their patient?**

“Fax discharge data to clinic”

“Have the patient bring their discharge paperwork to their next appointment.”

**Requested method of notification regarding a needed next day follow up for their patient (Include reason for next day followup)**

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

**Requested method of admission:**

“I always want my patients to be admitted to the hospitalist and housestaff service.”

**Requested method of notification regarding an admission of their patient.**

Fax admission data.

“No phone call requested.”

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**Clara Vista Medical Associates**

6565 E Carondelet Dr # 285

Tucson, AZ 85710

Clinic daytime phone # 520-547-7045

Clinic after-hours phone # 520-547-7045

Fax# 520-547-7060

**Requested method of notification regarding ED evaluation of their patient?**

“Fax discharge data to clinic”

“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Phone call to clinic at any time.”

---

**Javelina Pediatrics:**

1521 E. Tangerine Rd, suite 205, Oro Valley, AZ 85755  
1521 E. Tangerine Rd, suite 205  
Oro Valley, AZ 85755  
Email: email@javelinapediatrics.com  
Clinic daytime phone # 520-531-0060  
Clinic after-hours phone # 520-531-0060  
Fax# 520-498-2461

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

Fax admission data.

---

**Old Pueblo Pediatrics:**

1925 W Orange Grove Road, Suite 200  
Tucson, AZ 85704  
Clinic daytime phone # 520-797-7070  
Clinic after-hours phone # 520-797-7070  
Fax# 520-797-7077

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data.”

“No phone call requested.”

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**Orange Grove Pediatrics:**

6060 N Fountain Plaza Dr # 200, Tucson, AZ

6060 N Fountain Plaza Dr # 200

Tucson, AZ

Email: shapiroe@u.arizona.edu

Clinic daytime phone # 520-797-3888

Clinic after-hours phone # 520-797-3888

Fax# 520-797-2196

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic (please include pertinent labs, Xray results)”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“phone call to clinic at any time”

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**Pediatric Neurology (Center for Neurosciences)**

5155 E Farness Dr # 111c

Tucson, AZ

Clinic daytime phone # 520-326-2661

Clinic after-hours phone # 520-326-2661

Or pager # 520-446-5134

Fax# 520-326-1120

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Fax follow up request to the clinic and we will expect a call from the patients guardian  
to schedule the next day followup.” “Patient will likely require referral from PCP”

Requested method of **admission**:  
“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.  
“I request no phone call from the ED and will correspond with the hospitalist.”

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**Sunrise Medical Group**

Clinic daytime phone # 520-617-0971  
Clinic after-hours phone # 520-750-6462  
Fax# 520-882-8973

Requested method of notification regarding **ED evaluation** of their patient?  
“Fax discharge data to clinic”  
“Phone call to clinic only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)  
“Fax follow up request to the clinic and we will expect a call from the patients guardian  
to schedule the next day followup.”  
“Phone call to clinic DAYTIME ONLY”

Requested method of **admission**:  
“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.  
“Phone call to clinic at any time.”

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**Tucson Central Pediatrics:**

630 N Alvernon Way # 171, Tucson, AZ  
630 N Alvernon Way # 171  
Tucson, AZ  
Clinic daytime phone # 520-325-8000  
Clinic after-hours phone # 520-408-4438  
Fax# 520-325-8616

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Phone call to the clinic DAYTIME only if the patient is to be admitted”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“No phone call needed. The patient will be seen by having the guardian call the clinic the next day.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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### **UPH Children’s Center at Kino**

Clinic daytime phone # 520-874-4750

Clinic after-hours phone # 520-874-2000

Fax# 520-874-4751

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

Requested method of **admission**:

“I always want my patients to be admitted to the hospitalist and housestaff service.”

Requested method of notification regarding an **admission** of their patient.

“I request no phone call from the ED and will correspond with the hospitalist.”

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### **UPH Pediatric Cardiology: 2916 E Broadway Blvd, Tucson, AZ**

2916 E Broadway Blvd

Tucson, AZ

Clinic daytime phone # 520-321-3650

Clinic after-hours phone # 520-694-6000

Fax# 520-694-9963

Requested method of notification regarding **ED evaluation** of their patient?

“Fax discharge data to clinic”

“Have patient bring their discharge paperwork to their next followup”

Requested method of notification regarding a needed **next day follow up** for their patient  
(Include reason for next day followup)

“Fax follow up request to the clinic and we will expect a call from the patients guardian to schedule the next day followup.”

“Phone call to the clinic (DAYTIME ONLY)”

Requested method of **admission**:

“I have privileges at UMC and may admit my own patients.”

Requested method of notification regarding an **admission** of their patient.

“Fax admission data to clinic.”

“Phone call to the clinic (DAYTIME ONLY)”

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## **Physicians by Group**

Alvernon Allergy and Asthma P.C.

George Makol, MD

Uwe Manthei, MD/PhD

Kudagal Murthy, MD

Arizona Pediatric Cardiology Consultants

Brian Blair MD

Carlos Macias

Arizona Pediatric Surgery: 5166 E. Glenn Rd, Tucson, AZ 85712

Catherine Cosentino, MD, Jonathon, Greenfeld, MD, Ann O'Connor, MD

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Casas Adobes Pediatrics

Henry Bianchi MD

Carol Swanson MD

Catalina Pediatrics: 3085 N Swan Rd, Tucson, AZ, 85712

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Ariana Foster MD

Steve Goldberg MD

Janel Lloyd MD

Sosan Moussa MD

Graciela Wilcox MD

Children's Clinics (Children's Clinics for Rehabilitative Services)

Conrad Clemens MD

Tracey Kurtzman MD

William Marshall MD

Rodrigo Villar MD

Cholla Pediatrics: 2167 W Orange Grove Rd, Tucson, AZ 85741

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Monica Valdes DeLaCruz MD

David M. McHorney MD

Robert L. Patton MD

Clara Vista Medical Associates

Gabriel Cristello MD

Keith Dveiren MD

Neil Russakoff MD

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Philip Traquair MD

Old Pueblo Pediatrics:

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Tel: 520-797-7070  
Fax: 520-797-7077

Orange Grove Pediatrics: 6060 N Fountain Plaza Dr # 200, Tucson, AZ

Tracy Baser-Decker  
Mary Gloudemans MD  
Beth Sachrison MD  
Eve Shapiro MD

Pediatric Neurology (Center for Neurosciences)

Nadia Fike MD/PhD  
John C. Gray MD  
Dinesh Talwar MD

**Skyline Pediatrics**

Brice D. Kopas M.D  
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Sunrise Medical Group

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Michelle Foth MD

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Gretchen Hull, MD

UPH Children's Center at Kino

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Conrad Clemens MD  
Karen Davenport MD

William Marshall MD  
M. Montez PNP

UPH Pediatric Cardiology: 2916 E Broadway Blvd, Tucson, AZ

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Scott Klewer MD  
Daniela Lax MD  
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Single Practice...

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