Pediatric Cardiology Associates of Houston Appointment Request

Choose one of our 9 convenient locations:

- ☐ 4710 Bellaire Blvd, Suite 130 Bellaire, TX 77401
- ☐ 11301 Fallbrook Drive, Suite 110 Houston, Texas 77065
- ☐ 404 River Pointe Dr, Suite 100 Conroe, TX 77304
- ☐ 5622 E Sam Houston Pkwy N Houston, TX 77015
- ☐ 705 S Fry Rd, Suite 120 Katy, TX 77450
- ☐ 210 Lake Rd, Suite 800 B Lake Jackson, TX 77304
- ☐ 1602 Rock Prairie Road, Suite 1100 College Station, TX, 77845
- ☐ 9003 W Broadway Suite, Pearland, TX 77584
- ☐ 6334 Farm to Market 2920, Suite 300 Spring TX 77379
- ☐ 4911 Sandhill Drive Sugar Land, TX 77479

Date of request: __ / __ / ____

Primary language: ☐ English ☐ Spanish

Urgency: ☐ 48 hrs ☐ 72 hrs ☐ 7 days ☐ Next available

Referring Provider:_____ Provider Fax#: _____

Person Requesting:_____ Your Phone #: _____

Patient Name: _____ Date of Birth: __ / __ / ____

Parent or Guardian: _____ Parent/Guardian DOB: __ / __ / ____

Address: _____

Parent/guardian phone numbers:

Home:_____ Work:_____ Cell:_____

Diagnosis/symptoms for referral: _____

Insurance co:_____ Ins. phone#: _____

Claims address: _____

Name of insured: _____ Insured DOB: __ / __ / ____

Member ID:_____ Group#:_____

If you have a patient demographic sheet with all the above information, you may substitute a copy of that form for this one.

***PLEASE NOTE: Completing all information on this form allows us to enter all required information, therefore expediting the scheduling process.**

Thank you for your referral! In order for us to provide the best care for your patients, **please send in medical records with your request.**

11301 Fallbrook Drive I Suite 110 I Houston, TX 77065 Main: 281-661-8460 I Fax: 281-664-2554

PCAH.Scheduling.Fax@TexasChildrens.org

Pediatric Cardiology Associates of Houston

Texas Children's Hospital