

Pediatric Cardiology Associates of Houston Appointment Request

Choose one of our 10 convenient locations:

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

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 | Suite 110 | Houston, TX
77065 Main: 281-661-8460 | Fax: 281-664-2554
PCAH.Scheduling.Fax@TexasChildrens.org

Pediatric
Cardiology Associates of Houston
 Texas Children's Hospital