

# *Pediatric Cardiology Associates of Houston Appointment Request*

## Choose one of our 9 convenient locations:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 4710 Bellaire Blvd, Suite 130<br>Bellaire, TX 77401      | <input type="checkbox"/> 5622 E Sam Houston Pkwy<br>N Houston, TX 77015 | <input type="checkbox"/> 1602 Rock Prairie Road,<br>Suite 1100 College Station,<br>TX, 77845 | <input type="checkbox"/> 6334 Farm to Market<br>2920, Suite 300 Spring TX<br>77379 |
| <input type="checkbox"/> 11301 Fallbrook Drive, Suite 110<br>Houston, Texas 77065 | <input type="checkbox"/> 705 S Fry Rd, Suite 120<br>Katy, TX 77450      | <input type="checkbox"/> 9003 W Broadway Suite,<br>Pearland, TX 77584                        | <input type="checkbox"/> 4911 Sandhill Drive<br>Sugar Land, TX 77479               |
| <input type="checkbox"/> 404 River Pointe Dr, Suite 100<br>Conroe, 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](mailto:PCAH.Scheduling.Fax@TexasChildrens.org)

**Pediatric**  
**Cardiology Associates of Houston**

 Texas Children's Hospital