



# Austin Children's Chest Associates

Pediatric Pulmonary & Sleep Medicine Specialists

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Family of Hospitals

Bennie McWilliams, MD

Jordan Scalo, MD

Jason Fullmer, MD

Brian Kang, MD

## REFERRAL FORM

Fax Completed Form to: (512) 380-9201

Patient Name \_\_\_\_\_

(Last)

(First)

(MI)

Patient DOB \_\_\_\_\_ Patient SS # \_\_\_\_\_

Patient Address \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work/Mobile Phone# (\_\_\_\_) \_\_\_\_\_

Asthma

Chest Pain

Chronic Cough

BPD

Dyspnea

Dysphagia

GERD

Interstitial Lung Disease

Apnea of Prematurity/Infancy

Pulmonary Hypertension

Pulmonary Function Testing

Recurrent Pneumonia

Chronic Respiratory Failure

Cystic Fibrosis

Tracheostomy Management

Sleep Disorders

Obstructive Sleep Apnea

Nocturnal Hyopventilation

Insomnia

Parasomnias

Restless Legs Syndrome

Other \_\_\_\_\_

Other: \_\_\_\_\_

### Insurance Information (please include patient demographic sheet from chart)

Guarantor Name(s) \_\_\_\_\_

Insurance \_\_\_\_\_ Policy ID Number \_\_\_\_\_ Telephone # \_\_\_\_\_  
(primary)

Insurance \_\_\_\_\_ Policy ID Number \_\_\_\_\_ Telephone # \_\_\_\_\_  
(secondary)

### Referring Physician Information

Physician(s) Name \_\_\_\_\_ Office Contact \_\_\_\_\_

Practice or Facility Name and Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ NPI# \_\_\_\_\_

**Phone: (512) 380-9200 or (877) 57-CHEST**

#### Main Office

3305 Northland Dr, Ste 512  
Austin, TX 78731

#### Dell Children's Medical Center Office

Strictly Pediatrics Medical Building  
1301 Barbara Jordan Ave, Ste 303  
Austin, TX 78723

#### College Station Office

1602 Rock Prairie Rd, Ste 220  
College Station, TX 77845