



Pediatric Associates of Alexandria

HealthPlex Office
6355 Walker Lane, Suite 401
Alexandria, VA 22310

Potomac Yard Office
3600 S. Glebe Rd., Suite 150
Arlington, VA 22202

Tel: (703) 924-2100
Fax: (703) 922-6067

www.pedsalex.com
www.healthychildren.org

REFERRAL REQUEST FORM

Please allow 3-5 business days for all referrals to be processed. Before scheduling an appointment with a specialist you must confirm that it is a participating provider with your insurance company.

Out-of-network referrals will not be processed for specialist visits.

When scheduling your child's follow-up appointment ask the specialist office if you will be needing a new referral for their next scheduled visit.

*****BACK DATED REFERRALS WILL NOT BE CREATED*****

Parent/Guardian

Please complete this form in its entirety. Thank You.

Date: _____

Time: _____

Patient's Name: _____ DOB: _____
Last First

Insurance Co. _____ Policy ID #: _____

Parent Name: _____ Contact #: _____

Specialist Name: _____ Specialty: _____

Specialist Address: _____

Appointment Date: _____ Time: _____ Tel.# _____

Reason for Visit (Diagnosis): _____ Initial Visit ___ Follow-up Visit

Once the referral is completed it can be picked up at: ___ Healthplex Office, ___ Potomac Yard Office (check one)

Or Mailed, Address: _____

****Most specialist offices are requesting original hard copy of referrals to be brought to appointments, some offices will make an exception and accept a fax copy, please provide the specialist fax number: _____**