



# 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

**Duke Street Office**  
2747 Duke Street  
Alexandria, VA 22314

**Tel:** (703) 924-2100  
**Fax:** (703) 922-6067  
**Email:** staff@pedsalex.com

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 or emailed: 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: \_\_\_\_\_**