



We will create a healthier community and be one of America's best community-owned healthcare systems.

P.O. BOX 66769, Houston, TX 77266-6769

www.hchdonline.com

DATE: _____

LBJ BTGH CHP Ambulatory Specialty Center (Clinic) Cancellation/Reduction Request

(Please Print)

Nurse Manager: Donna McKee

Phone #: 713-566-5079

Clinic Name(s) : GI Fellows' Tuesday PM Clinic

Date(s) _____

FOR PROVIDER SPECIFIC CLINICS

(list providers separately)

Provider/Computer #

Date(s)

Reason for cancellation:

Comments/ Rescheduling Information: _____

of patients affected by cancellation/reduction: _____

Chief of Service/ Attending Physician: _____

Administrator: _____

Approved

Disapproved

Submitted by: _____ Date: _____

Fellow's Name

This form should be forwarded to: Patient Appointments Maintenance. This section to be completed by Patient Appointments Maintenance Personnel.

Received by: _____ Date: _____

Standards met for cancellation?: {(1)30 days notification for hospitals, 60 days for CHP (2)less than 10 patients affected (3) Next available appointment within 30 days}.

(1) _____ (2) _____ (3) _____
Placed on cancellation report: _____

REVISED 2/14/07

We improve our community's health by delivering high quality health care to Harris County residents and by training the next generation of health professionals.