



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

TODAY'S DATE: \_\_\_\_\_

This form should be forwarded to: Nurse Manager/Center Director, as soon as it is completed.

(Circle Pavilion) LBJ BTGH CHP (Select One) \_\_\_ Cancellation/Reduction Request  
\_\_\_ Template Change Request

Please Print

Clinic Name & Resource Code: \_\_\_\_\_ Effective Date(s): \_\_\_\_\_

Complete Description of Clinic Cancellation/Reduction or Template Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for cancellation/template change: \_\_\_\_\_

Rescheduling Information (when will pts be rescheduled):

\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief of Service: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Nurse Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved

Signature of Pavilion Chief of Staff/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Standards met for cancellation (Y/N):

\_\_\_ 30 day notification  
\_\_\_ less than 10 patients affected  
\_\_\_ Next available appointment within 14 days  
Number of patients affected \_\_\_\_\_  
Number of slots affected \_\_\_\_\_

Placed on cancellation report: \_\_\_\_\_  
(Date)

Revised: 2/13/08

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.