Harris Health System
Synagis Referral Fax Cover Page

COMMUNITY HEALTH CHOICE
COMMUNITY CARES

Included in this Fax:			
	Texas Medicaid VDP Synagis Preauthorization Form (Do not complete the Rx section/Physician signature not needed)		
	Non-HHS Providers: Supporting Medical Documentation (e.g., NICU discharge summary and all other clinical information—i.e., cardio, pulmonary, etc.)		
Medicaid ID#:		CHIP ID#:	
Referring Physician:		Contact Name:	
Phone:		Fax:	
Group Name, if applicable:			
Address:		City:	Zip:
NPI#:	Taxonomy Code:	Tax ID#:	
If referring physician is not PCP, enter PCP name and phone:			
Referring to HHS-Synagis Outpatient Clinic to Administer Synagis (palivizumab) 15 mg/kg IM monthly through RSV season.			
Required Referring Physician Signature: _____ Date: _____			
Select the referral location and fax to 713.634.1014.			
	Martin Luther King, Jr. Health Center—3550 Swingle Rd., Houston, TX, 77047		
	El Franco Lee Health Center—8901 Boone Rd., Houston, TX, 77099		
	Lyndon B. Johnson General Hospital—5656 Kelley St., Houston, TX, 77026		
	Aldine Health Center—4755 Aldine Mail Route, Houston, TX, 77039		
	Casa de Amigos Health Center—1615 N. Main, Houston, TX, 77009		
	Pediatric and Adolescent Health Center—3925 Fairmont Pkwy., Pasadena, TX 77504		