County of Orange Health Care Agency
CALIFORNIA CHILDREN'S SERVICES
200 W. Santa Ana Blvd., Suite 100, Santa Ana, CA 92701-4134
Phone: (714) 347-0300 ❖ FAX: (714) 347-0301
Website: www.ochealthinfo.com/ccs

TO: California Children's Services
200 W Santa Ana Blvd, Suite 100
Santa Ana, CA 92701

Date (*Fecha*): _____
Patient (*Paciente*): _____
Birthdate (*Fecha De Nacimiento*): _____
CCS File # (*# de CCS)*: _____

REQUEST TO CHANGE MEDICAL PROVIDER

As the parent/legal guardian of the above named child, I am requesting to change his/her medical physician, Dr. _____ (First Name Last Name)

to Dr. _____ (First Name Last Name). The reason for this request is _____

_____.

I have checked with the above physician's staff, _____ (First Name Last Name), who confirms that the physician is paneled by CCS and will accept the transfer of medical care.

Sincerely,

_____
Signature of Parent/Legal Guardian

SOLICITUD PARA CAMBIAR El PROVEEDOR MÉDICO

Como padre/tutor legal del paciente arriba mencionado, solicito cambio de cuidado médico, del Dr. _____ (Nombre Apellido)

al Dr. _____ (Nombre Apellido). *Solicito este cambio por la siguiente razón,* _____

_____.

He verificado con _____ (Nombre Apellido), *empleado de la oficina del doctor, que este médico esta certificado por CCS y aceptará la transferencia del cuidado médico del paciente.*

Sinceramente,

_____
Firma del Padre/Guardian Legal