



Texas Gulf Coast Project Access

3611 Ennis St., Houston, TX 77004 *Telephone- 832-922-0972 *Fax- 713-785-3077

VOLUNTEER PLEDGE

Yes, I wish to volunteer for the Provider Health Network. I pledge to:

Accept _____ PHN referrals per year (We suggest 12 referrals.)

I have additional questions about the Provider Health Network. Please contact me.

Name			
Address			Suite
City		State	County
Phone	Fax	E-mail	
Specialty			
Procedures I can perform at my practice			
Signature			Date

Please fax to: 713.785.3077 Attn: Dick Nye or Amanda Thomason, BSN RN TGCPA

You may modify your commitment or leave the program at any time.