Appointment Request

Pediatric Heart Specialists
7777 Forest Lane C855
Dallas, Texas 75230
(972) 331-9700 * (972) 331-9833

Date of request:____/____/____

Urgency: __ 48 hrs __ 72 hrs __ 7 days __ Next available

Referring Physician:_____

Person requesting:_____ Your phone #:_____

Patient name:_____

Date of birth:_____

Parent or guardian:_____

Address:_____City:_____Zip:_____

Parent/guardian phone numbers
Home:_____Work:_____Cell:_____

Primary language: _____ English _____Spanish

Diagnosis/symptoms for referral:_____

_____

Insurance Co:_____ Ins. Phone #:_____

Claims Address:_____

Name of Insured:_____ Insured DOB:_____

Member ID:_____ Group #:_____

Please fax along with any other pertinent patient information to 972-331-9833. If you have a patient demographic sheet with all the above information, you may substitute a copy of that form for this one.

PLEASE NOTE: Completing all information on this form allows us to enter all required computer information, therefore expediting the scheduling process.