

Appointment Request

Pediatric Heart Specialists

12201 Merit Dr., Ste 550

Dallas, Texas 75251

(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.***