Texas Children's Hospital – Medical Center

Echocardiogram Request Form

West Tower – 20th floor

To schedule an echocardiogram appointment, please complete this form and fax to 832-825-5691; <u>if form is not complete we will not process the appt</u>. Patients under 15kgs and under 3 years of age are sedated, a sedation order is required. Please request the second page from our office.

<u>DEMOGRAPHIC INFORMATION – (PLEASE PRINT CLEARLY)</u>

Patient Name: _____ DOB:_____SS#:_____

Gender: Male / Female Race: _____ Address: _____

City/State/Zip: _____Home/Cell #:_____

Insurance policyholder: _____DOB: _____ SS#:_____

Relationship: _____ Employer: _____Wk Ph#: _____

Insurance: _____HMO / PPO / POS Benefits #: _____

Address: _____City/State/Zip:_____

Policy ID: _____ Group #: _____

Emergency Contact: _____Tel: _____ Relationship: _____

PCP: _____ Contact/Nurse: _____

Tel: _____Fax: _____

Address: _____City/State/Zip: _____

Patient Name: _____ Height: _____cm Weight: _____kg

***Sedation Required? Yes No Physician Signature: _____**
(Only patients under 3 years old; sedation order form required. Please obtain form from our office.*)**

DIAGNOSIS:

CARDIAC REASON FOR ECHO:

******If an insurance authorization is required, appt. will not be made******
To schedule an echocardiogram appt at one of our health centers, please contact them directly.
Sugarland: 281-494-7010 Clear Lake: 281-282-1900 Woodlands: 936-321-0808
Cy-Fair: 281-469-4688 West Campus: 832-227-1100