

Texas Center for Pediatric and Congenital Heart Disease

Patient Referral Form - Surgical Services

Texas Center for Pediatric and Congenital Heart Disease at Dell Children's Medical Center offers high-quality, comprehensive pediatric heart care to the children of Central Texas. Please fax or email this form and all pertinent clinical documentation, including images to 512-380-7532 or DCMCHearReferrals@ascension.org. **To avoid any delays in patient care, all clinical documentation must be submitted prior to consultation.**

Contact us

For any questions or additional information, please contact our care team at:

t 512-324-0091 **toll-free** 1-855-324-0091
DCMCHearReferrals@ascension.org

Patient information

Date: _____ Patient name: _____ DOB: _____
Guardian name (if patient is a minor): _____ Email: _____
Contact phone numbers Mobile: _____ Home: _____ Work: _____
Primary Care Provider name: _____ Primary Care Provider phone number: _____
Insurance provider: _____ Policy number: _____ Group number: _____
(Send copy of card, if able)

Provider information

Referring provider name: _____
Physician phone number: _____ Fax number: _____
Office staff/nurse contact name: _____ Phone number: _____
Office staff/nurse email address: _____
Physician signature: _____

Reason for referral

Diagnosis (suspected/confirmed): _____ Desired timing for consult: _____
Is this a second opinion: ☐ Yes ☐ No
Surgeon: ☐ First Available ☐ Charles Fraser, MD ☐ Carlos Mery, MD ☐ Neil Venardos, MD

Please fax or email the most recent clinical documentation listed below to 512-380-7532 or DCMCHearReferrals@ascension.org:
(Please upload all images using iConnect at: merge.seton.org/webaccess)

- ☐ Cardiac catheterization (report/images) Date: _____
- ☐ Clinical summary Date: _____
- ☐ CT scan (if performed) Date: _____
- ☐ Echocardiogram (report/images) Date: _____
- ☐ Exercise stress test (if performed) Date: _____
- ☐ Holter (if performed) Date: _____
- ☐ Imaging (please include images) Date: _____
- ☐ MRI (if performed) (report/images) Date: _____



Dell Children's Medical Center

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Scan here for
iConnect instructions.