

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 Ziv Beckerman, MD Ziyad Binsalamah, 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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cardiac catheterization | <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Imaging (please include images) |
| <input type="checkbox"/> Clinical summary | <input type="checkbox"/> Exercise stress test (if performed) | <input type="checkbox"/> MRI (if performed) |
| <input type="checkbox"/> CT scan (if performed) | <input type="checkbox"/> Holter (if performed) | |



Dell Children's Medical Center

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The University of Texas at Austin
UT Health Austin

Scan here for
iConnect instructions.

