



**Dr. Reenu Eapen, MD**  
**Dr. Maytham Al-Kubaisi, MD**  
**Dr. Merick Yamada, MD**

## Pediatric Cardiology Intake Form

**Fax to 972-566-5680**

Date of Request: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Urgency (Please mark):** \_\_\_\_\_ 24-48 hours      \_\_\_\_\_ 1 week      \_\_\_\_\_ Next Available

Referring Provider/Hospital: \_\_\_\_\_

Referring Providers Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

Patient Name: \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Parent's Name 1: \_\_\_\_\_ Parent's Name 2: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

---

**Pediatric Echo Indications/Diagnosis:** \_\_\_\_\_

Desired Location (Please mark):

- MEDICAL CITY DALLAS**, 7777 FOREST LANE, STE D-1190, D, TX 75230: P) 972-566-5600; F) 972-566-5680
- LONGVIEW**, 1009 NORTH FOURTH STREET, STE B, LONGVIEW, TX 75601: P) 972-566-5600; F) 972-566-5680
- SHERMAN**, 1313 N. TRAVIS STREET, SUITE 104, SHERMAN, TX 75092: P) 972-566-5600; F) 972-566-5680

- **Please fax demographics and medical records to 972-566-5680**

Name of person filling out request: \_\_\_\_\_

Phone#: \_\_\_\_\_