



Cook Children's Heart Center locations:

Abilene | Alliance | Amarillo | Arlington | Denton | Fort Worth
San Angelo | Southlake | Mansfield | Midland | Waco | Wichita Falls

Cook Children's Echocardiography Lab

801 7th Ave.
Fort Worth, TX 76104
682-885-4195 phone
682-885-4164 fax

Our program provides:

- Inpatient and outpatient consultations
- Echocardiography and advanced cardiac imaging
- Cardiopulmonary exercise stress testing
- Diagnostic and interventional cardiac catheterization
- Diagnostic and interventional electrophysiology
- Congenital cardiothoracic surgery
- Fetal echocardiography

Fetal echo referral form

Date _____

Patient name _____ DOB _____

Address _____ City _____ State _____ ZIP Code _____

Contact numbers _____ work _____ home _____ mobile _____

Primary insurance name _____ HMO PPO POS

Insurance ID # _____ Group # _____

Subscriber name _____ DOB _____

Social security number _____ Relationship to patient _____

Please schedule patient for fetal echocardiogram at Cook Children's Echo Lab.

Reason for referral (diagnosis) _____

Estimated date of confinement: _____

Appointment priority: ASAP 2-4 weeks beyond 4 weeks

(ideal time for fetal cardiac image is 19-24 weeks)

Referring physician name

(please print) _____

Referring physician signature

(must have physician signature to schedule)

(please sign) _____

Please fax this form with last clinic notice, plus a copy of the patient's insurance card and drivers license to 682-885-4164.

Patient instructions:

Please use the free main hospital valet at the front entrance and arrive 30 minutes prior to appointment time. You may check in at Patient Registration located on the 1st floor of the Medical Center, next to Starbucks®.