



# Cardiothoracic Surgery/Cardiac Catheterization/Electrophysiology referral form

1500 Cooper St. • Fort Worth, TX 76104

Patient name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Preferred language \_\_\_\_\_  
Guardian name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance plan information \_\_\_\_\_  
Referring physician \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email address \_\_\_\_\_

**Reason for referral (please check bullet):**

- Catheterization
- CT surgery
- Electrophysiology
- Other
- Urgent
- Elective

**In addition to this form, please send:**

- Completed office visit
- Echo/other imaging report(s), if applicable
- Echo/other imaging images (disk or uploaded electronically)
- EKG and Holter report(s), if applicable
- Operative report(s), if applicable
- Cardiac catheterization report(s), if applicable
- Copy of patient's insurance card
- Copy of driver's license

**Please fax records to 682-885-6101.**

**Please send all images via mail to:**

Cook Children's Dodson Building, third floor Heart Center  
Attn: Tamy Scott 1500 Cooper St., Fort Worth, TX 76104

**If you have any questions regarding your referral, please contact:**

**Tamy Scott**  
Email: [tamy.scott@cookchildrens.org](mailto:tamy.scott@cookchildrens.org)  
Phone: 682-885-6400