

KETTERING CARDIOTHORACIC AND VASCULAR SURGEONS, INC.

APPOINTMENT REQUEST FORM

FAX #: (937) 294-9010 PHONE #: (937) 294-3611

www.KetteringCardio.com

*****All pertinent office notes, labs, radiology reports must be faxed with request form prior to appointment being scheduled*****

Patient Name: _____

DOB: _____ Social Security Number: _____

Address: _____

Home Phone Number: _____ Alternate #: _____

Primary Insurance: _____ ID #: _____

****Reason for appointment (written diagnosis, no ICD-9 codes only):****

First available: _____ Pavlina: _____ Merle: _____

Borsody: _____ Rank: _____

Referring Physician: _____ Fax #: _____

Office phone #: _____ Contact Person: _____

Office use only: We will fax back confirmation once patient notified.

Appointment Date: _____ Appointment Time: _____

Patient Notified: _____ Office Notified: _____