



**Nicklaus
Children's
Hospital**

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**Method of appointment
confirmation:**

(please check all that apply):

- Contact Parent Directly
- Call MD Office
- Fax Appointment Information

Appointment Scheduled

Date

Time

Specialist



APPOINTMENT SCHEDULING FORM

Specialty:	
Preferred Specialist: (optional)	
Patient Name:	
Patient Date of Birth:	
Referring Physician:	
MD contact; Phone & fax #:	
Diagnosis:	
Patient Address:	
Patient Phone Number(s):	
Guarantor Name:	
Guarantor Date of Birth:	
Insurance:	
Policy Number:	
Group Number:	
Subscriber Name, DOB:	
Preference of day/time:	
Previous related studies:	
Comments:	