Carol Pierce-Davis, Ph.D.
Psychologist

National Register of Health Service Providers

Texas Health Service Provider

Board Certified Diplomate Fellow Psychopharmacology

Board Certified Diplomate Fellow Serious Mental Illness

Board Certified Medical Psychologist

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Contact Information Form

(for medically-related screenings)

Date _____

Referred by _____

Anticipated Procedure _____

Name_____DOB_____

Age_____ Telephone (mob)_____

Email_____

Employer_____

Name_____DOB_____

Age_____ Telephone (mob)_____

Email_____

Employer_____

* * * * * * * * * * * * * *

Home Address_____

City, State, Zip_____

Dr. Pierce-Davis has informed me that Screenings for medical procedures are not reimbursable through insurance companies.

Signature_____

Signature_____