



COCHLEAR IMPLANT HOOK-UP

Patient Name: _____

Your appointment for hook-up has been scheduled with Leslie Lianos in Suite A-103.

For _____ at _____ am/pm.

For _____ at _____ am/pm.

*If this is not a convenient time for you – please call **Leslie at (972) 566-7359** to reschedule.*

7777 Forest Lane, Suite A-103
Dallas, Texas 75230
(972) 566-7600
Fax: (972) 566-6560
www.dallasear.com