

# KID CARE PEDIATRICS

230 N. Rufe Snow Drive  
Keller, Texas 76248  
(817) 337-5503

6618 Fossil Bluff Dr., #116  
Fort Worth, TX 76137  
(817) 847-6420

## PRIMARY CARE SELECTION FORM

I would like for my child(ren) to receive medical care with:

- Dr. Omar A. Gomez, M.D. as the primary care physician.
- Dr. Alicia R. Leffel, M.D.
- Dr. Kyler G. Crary, M.D.
- Jennifer R. Pulliam, M.D.
- Dr. Lisa E. Lewis, M.D.
- Kathryn R. Mandal, M.D.
- Mark E. Holton, D.O.
- S. Ovais Mohiuddin, M.D.
- Anji Moore, M.D.
- Melissa Asgaonkar, M.D.
- Kami R. Wegner, R.N., C.P.N.P.
- Jennifer F. Flippo, R.N., M.S.N., C.P.N.P.

as the primary care physician.

The current address is listed above.

Thank you.

Today's Date: \_\_\_\_\_

Subscriber's Printed Name: \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_

Subscriber's Telephone Number: \_\_\_\_\_

Subscriber's Signature: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

**Comments:** \_\_\_\_\_