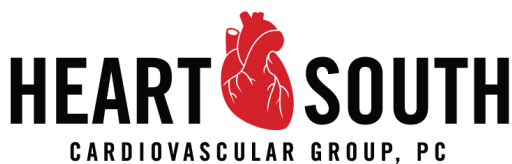


Heart South Referral Form

1022 North First Street
Suite 500
Alabaster, AL 35007
O: 205-663-5775
F: 205-739-2004
heartsouthpc.com



John D. McBrayer, M.D., FACC
Mark L. Mullens, M.D., FACC
Munish K. Goyal, M.D., FACC
Clifton R. Vance, M.D.
David S. Fieno, M.D. Ph.D
Neeraj Mehta, M.D., FACC
J. Hudson Segrest, M.D.
Krishna Kishore Gaddam, M.D.
Himanshu Aggarwal, M.D.
Hosakote Nagaraj, M.D.
Nirman Bhatia, M.D., FACC

Appointment Information

Referring To Which Doctor:

Dr. McBrayer Dr. Mullens Dr. Goyal Dr. Vance Dr. Fieno
 Dr. Mehta Dr. Segrest Dr. Gaddam Dr. Aggarwal
 Dr. Nagaraj Dr. Bhatia

Referring to first available physician. (Wait may be longer if referring to a specific cardiologist.)

Status: ASAP Routine PAD Call Pt for Appt.

If appointment is made: Date _____ Time _____

Referral # _____

Location: Alabaster Tax ID 470885243 _____ Clanton Tax ID 813136992 _____

Patient Information

Date: _____ DOB: _____

Patient Name: _____

Patient

Address: _____

Home: _____ Cell: _____

Insurance Information

Patient Insurance: _____

Patient Subscriber ID: _____

Subscriber Name: _____

Subscriber DOB: _____

Referral Information

Provider Name: _____

Referring Physician's Office Number: _____

Referring Physician's Fax Number: _____

Diagnosis: _____

Reason for the referral: _____

PLEASE INCLUDE A DEMOGRAPHIC SHEET FOR THIS PATIENT

PLEASE INCLUDE LABS, TESTING, RECENT OFFICE NOTES AND INSURANCE REFERRAL IF REQUIRED.