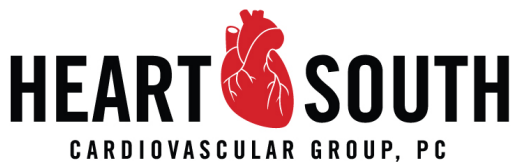


# Heart South Referral Form

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



John D. McBrayer, M.D., FACC  
Mark L. Mullens, 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  
Patrick Proctor, M.D., FACC  
Abilash Balmuri, M.D., FACC

## Appointment Information

### Referring To Which Doctor:

Dr. McBrayer       Dr. Mullens       Dr. Vance       Dr. Fieno  
 Dr. Mehta       Dr. Segrest       Dr. Gaddam       Dr. Aggarwal  
 Dr. Nagaraj       Dr. Bhatia       Dr. Proctor       Dr. Balmuri  
 Referring to first available physician.

### Type of Appointment:

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.**