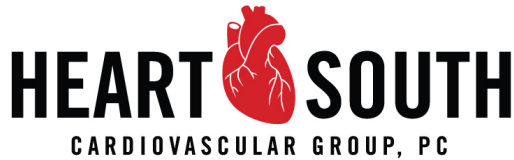


Heart South Referral Form

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
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 Bibb Clanton

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: _____ NPI: _____
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.**