

# Heart South Referral Form

1022 North First Street  
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Alabaster, AL 35007  
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[heartsouthpc.com](http://heartsouthpc.com)



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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.**