

Heart South Referral Form

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 _____ Appointment Time: _____
Referral #: _____
Location: Alabaster Clanton Bibb

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 Office Number: _____
Diagnosis: _____
Reason for the referral: _____

PLEASE INCLUDE THE FOLLOWING:

- A DEMOGRAPHIC SHEET -LABS -TESTING -RECENT OFFICE NOTES
- COPY OF INSURANCE CARD(S) -INSURANCE REFERRAL IF REQUIRED