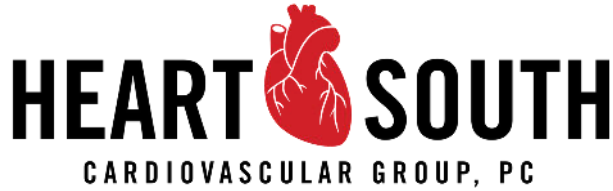


Heart South Referral Form

O: 205-663-5775
F: 205-739-2004
heartsouthpc.com



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 ___ 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: (only if not on demographic sheet)

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