



## Consult Referral Request Form

Allen Clinic

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Patient Current Diagnosis: \_\_\_\_\_

Patient Insurance: \_\_\_\_\_

### HeartPlace Physicians:

- |                          |                                  |                       |                        |
|--------------------------|----------------------------------|-----------------------|------------------------|
| <input type="checkbox"/> | Amir Choudhry, MD                | Cardiology & Vascular | <b>NPI: 1457388258</b> |
| <input type="checkbox"/> | Olusegun Oyenuga, MD, FACC, FHRS | Electrophysiology     | <b>NPI: 1033300074</b> |

Comments: \_\_\_\_\_

Please fax patient demographics, medical records, insurance cards and include this form as the coversheet. Your prompt attention to this matter is greatly appreciated.

For Dr. Choudhry  
**FAX TO**  
**844-290-4360**

For Dr. Oyenuga  
**FAX TO**  
**844-289-7691**

**Thank You for Choosing HeartPlace!**