



## Consult Referral Request Form

HEB (Bedford) Clinic

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

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

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

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

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

### HeartPlace Physicians:

- |                          |                            |                       |                        |
|--------------------------|----------------------------|-----------------------|------------------------|
| <input type="checkbox"/> | Andrew H. Miller, MD, FACC | Cardiology            | <b>NPI:</b> 1942264932 |
| <input type="checkbox"/> | Ali Moustapha, MD, FACC    | Cardiology & Vascular | <b>NPI:</b> 1740244730 |
| <input type="checkbox"/> | Iyad Rashdan, MD           | Cardiology & Vascular | <b>NPI:</b> 1811955123 |
| <input type="checkbox"/> | Alisa Thamwiwat, MD, FACC  | Cardiology            | <b>NPI:</b> 1649565953 |

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

Please fax patient demographics, medical records, insurance cards to **844-290-4362** and include this form as the coversheet. Your prompt attention to this matter is greatly appreciated.

**Thank You for Choosing HeartPlace!**