HEARTPLACE
US HEART & VASCULAR

Consult Referral Request Form

Garland Clinic

Date: _____

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Patient Current Dx: _____

Patient Insurance: _____

HeartPlace Physicians:

❑ John Bret, MD	Cardiology	**NPI**: 1902873300
❑ Peter Frenkel, MD, FACC	Cardiology & Vascular	**NPI**: 1740398304
❑ Brent Patterson, MD	Cardiology	**NPI**: 1487615274
❑ Adam Reynolds, MD	Cardiology	**NPI**: 1851658900
❑ L. Keith Routh, MD	Cardiology & Vascular	**NPI**: 1053375550
❑ Sumeet Chhabra, MD	Electrophysiology	**NPI**: 1548479827

Comments: _____

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

For Drs. Bret, Frenkel, Patterson, Reynolds, & Routh
FAX TO
844-292-1462

For Dr. Chhabra
FAX TO
844-292-1461

Thank You for Choosing HeartPlace!

John Bret, MD
Peter Frenkel, MD, FACC
Brent Patterson, MD
Adam Reynolds, MD
L. Keith Routh, MD

7150 N. President George Bush Hwy., Suite 206
Garland, TX 75044
Phone: 972-276-8994
Fax: 844-292-1462

Sumeet Chhabra, MD
Phone: 972-591-5322
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