HEARTPLACE
US HEART & VASCULAR

Consult Referral Request Form

Glen Rose Clinic

Date: _____

Patient Name: _____

Patient DOB: _____ Patient Phone: _____

Patient Current Diagnosis: _____

Patient Insurance: _____

HeartPlace Physicians:

- ❑ Andrew H. Miller, MD, FACC Cardiology **NPI**: 1942264932

Comments: _____

Please fax patient demographics, medical records, insurance cards to **254-897-1409** and include this form as the coversheet. Your prompt attention to this matter is greatly appreciated.

Thank You for Choosing HeartPlace!

1008 NE Big Bend Trail, Suite 400, Glen Rose, TX 76043 * Phone: 254-897-1434 * Fax: 254-897-1409