



## Consult Referral Request Form

Pecan Plantation (Granbury) Clinic

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

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

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

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

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

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### HeartPlace Physicians:

Andrew H. Miller, MD, FACC      Cardiology      NPI: 1942264932

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

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

**Thank You for Choosing HeartPlace!**