



Consult Referral Request Form

Baylor Plano Clinic

Date: _____

Patient Name: _____

Patient DOB: _____ Patient Phone: _____

Patient Current Diagnosis: _____

Patient Insurance: _____

HeartPlace Physicians:

<input type="checkbox"/> Richard Ammar, MD	Cardiology & Vascular	NPI: 1245210327
<input type="checkbox"/> Charles Howard, MD	Cardiology	NPI: 1659759157
<input type="checkbox"/> Samreen Raza, MD, FACC	Cardiology	NPI: 1205135985
<input type="checkbox"/> John Reuter, MD, FACC	Cardiology & Vascular	NPI: 1861518177
<input type="checkbox"/> Sumeet Chhabra, MD	Electrophysiology	NPI: 1548479827

Comments: _____

Please fax patient demographics, medical records, insurance cards to **844-292-1461** and include this form as the coversheet. Your prompt attention to this matter is greatly appreciated.

Thank You for Choosing HeartPlace!