



Consult Referral Request Form

Plano West Clinic

Date: _____

Patient Name: _____

Patient DOB: _____ Patient Phone: _____

Patient Current Diagnosis: _____

Patient Insurance: _____

HeartPlace Physicians:

<input type="checkbox"/> Amir Choudhry, MD	Cardiology & Vascular	NPI: 1457388258
<input type="checkbox"/> Mark Peterman, MD	Cardiology & Vascular	NPI: 1386752939
<input type="checkbox"/> Vijay S. Ramanath, MD, FACC, FSCAI	Cardiology & Vascular	NPI: 1003841297
<input type="checkbox"/> Leena Sharan, MD	Cardiology	NPI: 1326006685
<input type="checkbox"/> Sumeet Chhabra, MD	Electrophysiology	NPI: 1548479827

Comments: _____

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

For Drs. Choudhry, Peterman, Ramanath, & Sharan

FAX TO

844-290-4363

For Dr. Chhabra

FAX TO

844-292-1461

Thank You for Choosing HeartPlace!