



Consult Referral Request Form

Red Oak Clinic

Date: _____

Patient Name: _____

Patient DOB: _____ Patient Phone: _____

Patient Current Diagnosis: _____

Patient Insurance: _____

HeartPlace Physicians:

☐ Joseph Bellomo, MD

Cardiology

NPI: 1295702090

☐ Robert Ficula, DO

Cardiology

NPI: 1811265085

Comments: _____

Please fax patient demographics, medical records, insurance cards to **844-292-1456** and include this form as the cover sheet. Your prompt attention to this matter is greatly appreciated.

Thank You for Choosing HeartPlace!