



Consult Referral Request Form

Richardson (Campbell Rd.) Clinic

Date: _____

Patient Name: _____

Patient DOB: _____ Patient Phone: _____

Patient Current Diagnosis: _____

Patient Insurance: _____

HeartPlace Physicians:

- | | | |
|---|-------------------|-----------------|
| <input type="checkbox"/> Rajjit Abrol, MD | Electrophysiology | NPI: 1164530739 |
| <input type="checkbox"/> Hootan Rahimizadeh, MD | Cardiology | NPI: 1336107507 |

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 Dr. Rahimizadeh
FAX TO
844-292-1459

For Dr. Abrol
FAX TO
844-292-1457

Thank You for Choosing HeartPlace!