



Consult Referral Request Form

Southlake Clinic

Date: _____

Patient Name: _____

Patient DOB: _____ Patient Phone: _____

Patient Current Diagnosis: _____

Patient Insurance: _____

HeartPlace Physicians:

| | | |
|--|-----------------------|------------------------|
| <input type="checkbox"/> Andrew Miller, MD, FACC | Cardiology | NPI: 1942264932 |
| <input type="checkbox"/> Ali Moustapha, MD, FACC | Cardiology & Vascular | NPI: 1740244730 |
| <input type="checkbox"/> Iyad Rashdan, MD | Cardiology & Vascular | NPI: 1811955123 |
| <input type="checkbox"/> Alisa Thamwiwat, MD, FACC | Cardiology | NPI: 1649565953 |
| <input type="checkbox"/> Rajjit Abrol, MD | Electrophysiology | NPI: 1164530739 |

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. Miller, Moustapha, Rashdan, & Thamwiwat

FAX TO

844-289-7683

For Dr. Abrol

FAX TO

844-292-1457

Thank You for Choosing HeartPlace!