



CENTRAL MICHIGAN

Cardiology / Electrophysiology / Vascular Consultation / Transfer of Care Form

Please fax this **completed** form with the following information for an appointment to be scheduled:

- **Send copy of patient demographics/insurance card***
- **Chief complaint/reason for visit/most recent office note**
- **Dictation pertaining to reason for referral**
- **All cardiac testing**

*Upon receiving your request, our office will contact the patient with appointment date and time.
 Unless requested, the patient will be scheduled with the first available provider.
 Thank you for the opportunity to participate in the care of your patient.*

Date: _____ Contact Person: _____ Phone: _____ Fax: _____

Referring Physician: _____ Requesting Physician Signature: _____

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Chief Complaint: _____ Insurance*: _____

Requesting Appointment: **STAT** (within 1 week) **ASAP** (within 2 weeks) **Next Available**

MT. PLEASANT

5115 E. Pickard St., Mt. Pleasant, MI 48858

Providers:

First Available Cardiologist

Sudeep Mohan, MD
Invasive Cardiology

Marina Maraskine, MD
Interventional Cardiology

Nicolas Mouawad, MD
Vascular Surgery

Abraham Krepostman, MD, FACC
Cardiology

Yousef Bader, MD
Interventional & Structural Cardiology

Soliman A. Soliman, MD
Electrophysiology

Phone: (989) 956-4100
Fax: (989) 956-4105

Phone: (989) 894-3278 **Fax: (989) 891-0908**

Appointment Date: _____ Time: _____ AM/PM Initials: _____

Provider: _____ Date: _____

Paperwork: Packet sent OR Request patient to arrive 30 minutes prior to appointment time