



Michigan
Heart & Vascular
Specialists

Ph: (231) 487-2490 Fax: (231) 487-6554

Referral Form

REQUIRED INFORMATION (Please print or send in electronic format):

Date of referral: _____

Patient Name: _____ DOB: _____

Address/City/State/Zip: _____

Phone (Home/Cell): _____

Primary Insurance: _____

Subscriber: _____ DOB: _____

Policy #: _____ Group #: _____

Secondary Insurance: _____

Subscriber: _____ DOB: _____

Policy# _____ Group #: _____

Referring Provider: _____

Provider's Phone # _____ Provider's Fax #: _____

Reason for referral: _____

Cardiologist Requested (if specified): _____

REQUIRED INFORMATION: PLEASE FAX THE FOLLOWING TO (231) 487-6554

- | | | |
|-----------------------|--------------------|----------------|
| 1. H & P | 3. Medication List | 5. Lab Results |
| 2. Last Clinical Note | 4. Test Results | 6. EKG Results |

Referral Priority is (Check one): _____ Routine _____ ASAP _____ Urgent