

McLaren Thumb Cardiology
1100 S. Van Dyke Rd.
Bad Axe, MI 48413
Phone: (989) 269-7504
Fax: (989) 269-7517

Dr. Gassan Alaouie
Beth Britt, MSN, APRN, NP-C



Office & Testing Appointment Request

Reason for Visit:

- Office Visit-Dr. Gassan Alaouie
- Testing Requested

Diagnosis: _____

- Tilt Table
- Cardiac Cath
- Event Monitor- # of Days: 7 14 21 30

Scheduled Appointment

Date: _____

Time: _____

- Please notify patient of date/time.
- Patient is aware of appointment.

Completed appointment request forms will be faxed back to you.

Patient Information

Name: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____ Phone #: _____

Insurance: _____ (send a legible copy of card and driver's license)

Height: _____ Weight: _____ Diabetic?: ___Yes___No Latex Allergy?: ___Yes___No

Other Allergies: _____

Referring Provider Information

Date: _____ Time: _____

Provider's Name: _____ Phone: _____

Fax: _____ Office Contact: _____

Reason for referral: _____

Please fax this completed form with medical records to: (989) 269-7517

- Most recent office visit
- Current Medication list
- Recent Cardiac Testing/Procedures
- Pertinent Patient Records Including EKG's and Rhythm Strips
- Copy of Insurance Cards & Referrals/Authorizations if applicable
- Recent Labs