



HEALTH CARE

Bay Heart & Vascular

Cardiology/ Electrophysiology/ Vascular Consultation/ Transfer of Care Form

Please fax this completed form with the following information for appointment to be made:

- Patient Demographics/ Insurance Information
• 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 your patients' care.

Form containing fields for Date, Contact Person, Phone, Fax, Requesting Physician, Patient Name, DOB, Mailing Address, Insurance, Chief Complaint, and Requesting Appointment. Includes provider lists for Caro, Bay City, Midland, Gladwin, Prudenville, Bad Axe, West Branch, and Standish.

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

Provider: _____ Date: _____

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