



# HEALTH CARE

## 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.

Date: _____ Contact Person: _____ Phone: _____ Fax: _____					
Requesting Physician: _____				Requesting Physician Signature: _____	
Patient Name: _____		DOB: _____		Phone: _____	
Mailing Address: _____				Insurance: _____ <small>(Send copy of Demographics &amp; Insurance Card)</small>	
Chief Complaint: _____ Requesting Appointment: _____ STAT _____ ASAP _____ Next Available <small>(within 1 week) (within 2 weeks)</small>					
<b>Caro</b> Phone: (989)894-3278 Fax: (989)891-0908		<b>Provider:</b> ____ Anas Obeid DO, Cardiology/Interventionalist		<b>Hale</b> Phone: (989) 894-3278 Fax: (989) 891-0908	
		<b>Provider:</b> ____ Thomas Tomczak NP, Cardiology		<b>Prudenville</b> Phone: (989)894-3278 Fax: (989)894-0908	
				<b>Provider:</b> ____ Anas Obeid DO, Cardiology/Interventionalist	
<b>Bay City:</b>					
Phone: (989)894-3278		<b>Provider:</b> _____ 1 <sup>st</sup> Available Cardiologist		_____ 1 <sup>st</sup> Available Electrophysiologist	
Fax:(989)891-0908		_____ Daniel Lee MD, Cardiology/ Interventionalist		_____ Rehan Mahmud MD, Electrophysiology	
		_____ Thomas Tomczak NP, Cardiology		_____ Sharon Hakes CNP, Electrophysiology/ Atrial Fibrillation Clinic	
		_____ Anas Obeid DO, Cardiology/ Interventionalist		_____ 1 <sup>st</sup> Available Vascular Surgeon	
		_____ Yousef Bader MD, Cardiology/ Structural Heart/ Interventionalist		_____ Nicolas Mouawad MD, Vascular Surgery	
		_____ Sue Hafer NP, Cardiology/ Congestive Heart Failure/ Pulmonary Hypertension		_____ Frances Kirkland, NP, Vascular Surgery	
		_____ Michael Abdul- Malek, DO, Cardiology		_____ 1 <sup>st</sup> Available Thoracic Surgeon	
		_____ Abraham Salacata MD, Cardiology		_____ Ramesh Cherukuri, MD, Cardiovascular Surgery	
<b>Midland</b> Phone: (989)894-3278 Fax: (989)891-0908		<b>Provider:</b> _____ Daniel Lee MD, Cardiology/Interventionalist		<b>Gladwin</b> Phone: (989)894-3278 Fax: (989)891-0908	
				<b>Provider:</b> _____ Yourself Bader MD, Cardiology/Structural Heart/ Interventionalist	
				<b>Bad Axe</b> Phone: (989)894-3278 Fax: (989)891-0908	
				<b>Provider:</b> _____ Taylor Brenz,PA Vascular Surgery	
<b>West Branch</b> Phone: (989)516-0100 Fax: (989)345-0485				<b>Standish</b> Phone: (989)894- 3278 Fax: (989)891-0908	
<b>Provider:</b> _____ 1 <sup>st</sup> Available Cardiologist				<b>Provider:</b> _____ 1st Available Cardiologist	
_____ Daniel Lee MD, Cardiology/ Interventionalist				_____ Abraham Salacata MD, Cardiology	
_____ Thomas Tomczak NP, Cardiology				_____ Thomas Tomczak NP, Cardiology	
_____ Mark Sierra MD, Cardiology				_____ Rehan Mahmud MD, Electrophysiologist	
_____ Sharon Hakes CNP, Electrophysiology/ Atrial Fibrillation Clinic					
_____ Frances Kirkland, NP, Vascular Surgery -Fax: (989)516-5100					

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Initials: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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