

RECORDS REQUIRED WITH REFERRAL SHEET

Referring Physician Name: _____ Telephone: _____

Clinic Contact: _____ Fax: _____

Reason for Appointment: _____

Patient Name: _____ Date of Birth: _____

Patient Contact Number: Home# _____ Cell# _____

GENERAL CARDIOLOGY - HUNTSVILLE LOCATION

<input type="checkbox"/> First Available				
<input type="checkbox"/> Rashida A. Abbas, MD	<input type="checkbox"/> Sravya Chirumamilla, MD	<input type="checkbox"/> W. Herbert Haight, MD	<input type="checkbox"/> Phillip L. Laney, MD	<input type="checkbox"/> Michael Ridner, MD
<input type="checkbox"/> Michael M. Butler, MD	<input type="checkbox"/> David H. Drenning, MD	<input type="checkbox"/> V. Ross Hunter, MD	<input type="checkbox"/> Jose A. Lulli	<input type="checkbox"/> Christopher Roth, MD
<input type="checkbox"/> Jose A. Cavo, MD	<input type="checkbox"/> Jacqueline Green, MD	<input type="checkbox"/> Kaushik Jain, DO	<input type="checkbox"/> Navdeep Mann, MD	<input type="checkbox"/> George M. Soliman, MD
<input type="checkbox"/> Shi-Chi Cheng, MD	<input type="checkbox"/> Sean P. Groark, MD	<input type="checkbox"/> Mihir Kanitkar, MD	<input type="checkbox"/> James Murphy, MD	<input type="checkbox"/> Alejandro Vasquez, MD
<input type="checkbox"/> Henry J. Chen, MD	<input type="checkbox"/> Clarence D. Gill, MD	<input type="checkbox"/> M. Asim Khan, MD	<input type="checkbox"/> Gautam Reddy, MD	<input type="checkbox"/> Enrique Velasquez, MD

ADVANCED HEART FAILURE CLINIC

<input type="checkbox"/> First Available	<input type="checkbox"/> Kaushik Jain, DO	<input type="checkbox"/> James D. Murphy, MD
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ELECTROPHYSIOLOGY

<input type="checkbox"/> First Available	<input type="checkbox"/> J. Scott Allison, MD	<input type="checkbox"/> Jay L. Dinerman, MD	<input type="checkbox"/> John M. Jennings, MD	<input type="checkbox"/> Michael Kaufmann, MD	<input type="checkbox"/> Paul B. Tabereaux, MD
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PAD CLINIC (peripheral arterial disease)

<input type="checkbox"/> First Available	<input type="checkbox"/> George M. Soliman, MD	<input type="checkbox"/> Clarence D. Gill, MD
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PULMONARY HYPERTENSION CLINIC

<input type="checkbox"/> First Available	<input type="checkbox"/> James D. Murphy, MD
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STRUCTURAL HEART CLINIC

<input type="checkbox"/> First Available	<input type="checkbox"/> Michael M. Butler, MD	<input type="checkbox"/> Mihir Kanitkar, MD	<input type="checkbox"/> Gautam Reddy, MD	<input type="checkbox"/> Alejandro Vasquez, MD
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FOR HEART CENTER STAFF

APPOINTMENT MADE WITH:

DATE/TIME