HEART CENTER

PHYSICIAN FAX REFERRAL

Please fax to (256) 386-4691
For Scheduling questions call (256) 386-4660

HH Heart Center – Sheffield
1100 S. Jackson Hwy., Suite 104
Sheffield, AL 35660

REFERRING PHYSICIAN

Physician Name: _____ Telephone: _____

Clinic Contact: _____ Fax: _____

Reason For Appointment: _____

PATIENT INFORMATION – please include demographic sheet with faxed records

Patient Name: _____ Date of Birth: _____

Patient Contact Number: Home# _____ Cell# _____

REQUESTED PHYSICIAN

□ **FIRST AVAILABLE**

□ Phillip J. Dean, MD □ Peter A. Johnson, MD □ Jerry B.Williams, MD

FOR OFFICE USE ONLY

Appointment Made with_____Date:_____Time:_____