



Rao Heart & Vascular Referral Form

Date: _____

Referring Provider Information

Provider: _____ NPI: _____

Address: _____ Phone: _____

Fax: _____

Patient Information

Patient Name: _____ DOB: _____

Phone: _____

Diagnosis: _____

Comments:

Please fax referrals to 866-554-1248 or call 334-305-2800 to schedule an appointment. Please send a copy of the insurance card, recent labs, any imaging, EKGs, a recent medication list, last progress note, and a demographics sheet.