

# Electrophysiology Referral Form

Thank you for your interest in UAB Electrophysiology. We are pleased that you are allowing us to aid in the care of your patients. Your completion of all the fields below and attachment of medical records will ensure there are no unnecessary delays in the evaluation of your patient.

Patient Name \_\_\_\_\_DOB \_\_\_\_\_

Patient Contact Number \_\_\_\_\_Office Contact Name \_\_\_\_\_

Referring M.D. Name \_\_\_\_\_Referring M.D. NPI \_\_\_\_\_

Referring M.D. Address \_\_\_\_\_

Referring M.D. Phone \_\_\_\_\_Referring M.D. Fax \_\_\_\_\_

PLEASE SEND THE FOLLOWING DOCUMENTATION

- Patient Demographic Sheet
- Copy of Insurance Card
- Labs (most recent)
- H&P and Clinic Notes (most recent)
- EKG (most recent)
- Rhythm monitoring (most recent)
- Diagnostic imaging, if available (within last 6 months)

Diagnosis/Reason for Referral \_\_\_\_\_

\_\_\_\_\_

Select	Provider	Phone	Fax
	Tom McElderry, M.D.	205.934.2525	205.996.7460
	William Maddox, M.D.	205.934.3614	205.934.3950
	Ruchit Shah, M.D.	205.996.9405	205.996.5857
	Vance Plumb, M.D.	205.934.2510	205.975.8684
	Sean Dunn, M.D.	205.996.9407	877.604.1482
	Blake Smith, M.D.	205.934.7114	877.604.1482
	First Available	205.934.2525	205.996.7460