



REQUEST FOR APPOINTMENT

989.583.4700 / 866.800.0995

989.583.7173 Fax

Patient Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

_____ Alt. Phone: _____

_____ SS#: _____

Primary Insurance: _____ Insurance Name/Contract ID #/Group #

Secondary Insurance: _____ Insurance Name/Contract ID #/Group #

Referring Physician: _____ Phone: _____

Fax #: _____ Family Physician (if other than referring): _____

Reason for Referral: _____

Requesting: Consult Only Evaluate and Treat Other _____

All electrophysiology referrals go to X. Alan Zhu, MD. For all other appointments, please select preferred provider or first available (Note: choice is only available at our Saginaw clinic):

Bay City

Scott R. Martin, MD

Frankenmuth

Scott R. Martin, MD

Shepherd

Firas R. Alani, MD, FACC, FSCAI

Caro

Firas R. Alani, MD, FACC, FSCAI

Saginaw

- First Available
- Firas R. Alani, MD, FACC, FSCAI
- Mayar M. Jundi, MD, FACC
- Scott R. Martin, MD

Shields

Firas R. Alani, MD, FACC, FSCAI

Cass City

Mayar M. Jundi, MD, FACC

West Branch

Scott R. Martin, MD

Please fax a copy of the last office visit, current medication list, face sheet and insurance cards to 989.583.7173. If the patient has had any cardiac/peripheral procedures or testing, please send a copy of the report as well.

Thank you for your referral! We will fax this form back to you with appointment information and will also notify the patient. If you have any questions or concerns, you may contact our main office at 989.583.4700 or our manager at 989.583.7177.

CHS Office Use Only

Appt. Date: _____ Time: _____ Location: _____ Physician: _____

Date Patient Notified: _____ Init: _____ Date Packet Sent: _____ Init: _____