McLaren HEALTH CARE

Bay Heart & Vascular

Cardiology/ Electrophysiology/ Vascular Consultation/ Transfer of Care Form

Please fax this **completed** form with the following information for appointment to be made:

- **Patient Demographics/ Insurance Information**
- **Chief Complaint/ Reason for Visit/ Most Recent Office Note**
- **Dictation Pertaining to reason for referral**
- **All Cardiac Testing**

Upon receiving your request, our office will contact the patient with appointment date and time. Unless requested, the patient will be scheduled with the first available provider. Thank you for the opportunity to participate in your patients' care.

Date:_____ Contact Person:_____ Phone:_____ Fax:_____

Requesting Physician: _____ Requesting Physician Signature: _____

Patient Name: _____ DOB: _____ Phone: _____

Mailing Address:_____Insurance:_____
(Send copy of Demographics & Insurance Card)

Chief Complaint: _____ Requesting Appointment: _____STAT (within 1 week) _____ ASAP (within 2 weeks) _____ Next Available

Caro
Phone: (989)894-3278
Fax: (989)891-0908
Provider:
____ Anas Obeid DO, Cardiology/Interventionalist

Hale
Phone: (989) 894-3278
Fax: (989) 891-0908
Provider:
____ Thomas Tomczak NP, Cardiology

Prudenville
Phone: (989)894-3278
Fax: (989)894-0908
Provider:
___Anas Obeid DO, Cardiology/Interventionalist

Bay City:
Phone: (989)894-3278
Fax:(989)891-0908
Provider:
____ 1st Available Cardiologist
____ Daniel Lee MD, Cardiology/ Interventionalist
____ Thomas Tomczak NP, Cardiology
____ Anas Obeid DO, Cardiology/ Interventionalist
____ Yousef Bader MD, Cardiology/ Structural Heart/ Interventionalist
____ Sue Hafer NP, Cardiology/ Congestive Heart Failure/ Pulmonary Hypertension
____ Michael Abdul- Malek, DO, Cardiology
____ Abraham Salacata MD, Cardiology
____ Jennifer Schlitzkus PA, Cardiology
____ 1st Available Electrophysiologist
____ Rehan Mahmud MD, Electrophysiology
____ Sharon Hakes CNP, Electrophysiology/ Atrial Fibrillation Clinic
____ 1st Available Vascular Surgeon
____ Nicolas Mouawad MD, Vascular Surgery
____ Frances Kirkland, NP, Vascular Surgery
____1st Available Thoracic Surgeon
____ Ramesh Cherukuri, MD, Cardiovascular Surgery

Midland
Phone: (989)894-3278
Fax: (989)891-0908
Provider:
____ Daniel Lee MD, Cardiology/Interventionalist
____ Jennifer Schlitzkus PA Cardiology

Gladwin
Phone: (989)894-3278
Fax: (989)891-0908
Provider:
____ Yousef Bader MD, Cardiology/Structural Heart/ Interventionalist

Bad Axe
Phone: (989)894-3278
Fax: (989)891-0908
Provider:
____ Taylor Brenz,PA Vascular Surgery

West Branch
Phone: (989)516-0100
Fax: (989)345-0485
Provider:
____ 1st Available Cardiologist
____ Daniel Lee MD, Cardiology/ Interventionalist
____ Thomas Tomczak NP, Cardiology
____ Mark Sierra MD, Cardiology
____ Sharon Hakes CNP, Electrophysiology/ Atrial Fibrillation Clinic
____ Frances Kirkland, NP, Vascular Surgery -Fax: (989)516-5100

Standish
Phone: (989)894- 3278
Fax: (989)891-0908
Provider:
____ 1st Available Cardiologist
____ Abraham Salacata MD, Cardiology
____ Thomas Tomczak NP, Cardiology
____ Rehan Mahmud MD, Electrophysiologist

Appointment Date:_____ Time:_____ AM/PM Initials:_____
Provider: _____ Date: _____
Paperwork: ☐ Packet sent **OR** ☐ Request patient to arrive 30 minutes prior to appointment time