

The Good Heart Corporation  
1380 Hwy 192 E  
London, KY 40741  
(606) 330-0050 Fax: (606) 330-0029  
Ashwini R. Anand, M.D.  
Danny Waddell, APRN

### Referral Form

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Date and Time of Appointment: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

#### Please Send:

- |                                       |                             |
|---------------------------------------|-----------------------------|
| <input type="radio"/> Demographics    | <input type="radio"/> EKGs  |
| <input type="radio"/> Insurance Card  | <input type="radio"/> Labs  |
| <input type="radio"/> Office Note     | <input type="radio"/> Tests |
| <input type="radio"/> Medication List |                             |