



Ashwini R. Anand
Manchester Office : 606-599-0221 Fax: 606-330-0029

Danny Waddell, APRN
London Office: 606-330-0050

Dear Referring Provider:

For over 25 years now, Dr. Anand has provided world-class cardiac care services.

During review of our office procedures we have updated our Referral Form, and have instituted a policy of automatically forwarding completed notes to all referring providers.

Your use of this Referral Form will make it easier for us to serve our mutual patients by providing necessary patient information.

This combined with the automatic forwarding of completed notes to you, the referring provider, will hopefully streamline the exchange of patient information, making both of our lives easier.

We appreciate your patient referrals and welcome your feedback on any aspect of our services, so that we can better serve our patients and you.

Sincerely,

The Good Heart Corporation



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Referral Form

<u>Patient Information</u>		
Appointment Date & Time: _____		
Name: _____	DOB: _____	
Address: _____	SSN: - -	
City: _____	State: _____	Zip: _____
Phone: _____	Phone2: _____	
Pharmacy: _____		
Insurance: _____	Ins ID: _____	
Secondary Insurance: _____	Ins ID: _____	

Referring Physician Information:

Name: _____ **Date Faxed:** _____

Phone: _____ **Fax:** _____

Signature: _____

**** Please Send ****

**Office Note - Labs - Cardiology Testing -
Insurance & Demographics**

**Please give up to one business day for Appointment Feedback
If you have any questions please give our office a call.**

Reason For Referral (please circle): *Murmur* *Cardiac Clearance* *Chest Pain*
Palpitation / Arrhythmia *Dyspnea / SOB* *Hypertension* *Abnormal EKG*

OTHER: _____