Center for Advanced Cardiovascular Care

The Heart Hospital Baylor Plano

Joint ownership with physicians

Center for Advanced Cardiovascular Care Referral Form

Please fax completed form to: 469.814.3490

Referring Physician:_____Today's Date: _____/_____/ _____

Physician Office Contact:_____
(Full Name/Telephone Number)

Patient's Name:_____Date of Birth: _____/_____/ _____
(First, Middle Initial, Last)

Diagnosis: _____

Patient's Contact Information:

Home phone: _____ Work phone:_____

Address: _____
(Street Address/City/State/Zip)

Insurance Plan Information_____
(Plan Name, Member I.D and/or Group Number)

The Center for Advanced Cardiovascular Care provides advanced clinical management, monitoring, education, and support to patients living with complex cardiovascular diseases.

Referral to:

- ☐ The Heart Valve Center of Texas
- ☐ Thoracic Aortic Disease Center
- ☐ Congestive Heart Failure Center
- ☐ Heart Arrhythmia Center
- ☐ Pulmonary Hypertension Center
- ☐ Adult Congenital Heart Disease Center
- ☐ Vascular & Diabetic Foot Center

Center for Advanced Cardiovascular Care use only:

Appointment Date: _____/_____/_____ Time: _____:_____

If not scheduled, indicate reason and recommendation: _____

_____

Provider's Signature: _____ Date: _____/_____/_____ Time: _____:_____

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TheHeartHospitalBaylor.com/CVCARE