



Plano West

Consult Referral Request Form

Date: _____

Patient Name: _____

Patient DOB: _____ Patient Phone: _____

Patient Current Diagnosis: _____

Patient Insurance: _____

HeartPlace Physician:

Dr. Richard F. Ammar

Dr. Sumeet K. Chhabra

Dr. Amir I. Choudhry

Dr. Mark A. Peterman

Dr. Vijay S. Ramanath

Dr. Leena Sharan

Comments: _____

Please fax patient demographics, medical records, insurance cards and include this form as the cover sheet. Your prompt attention to this matter is greatly appreciated.

Ammar, Choudhry, Peterman, Ramanath, Sharan - Fax to: 844-290-4363

Chhabra - Fax to: 214-254-2259