

Cardiology / Electrophysiology / Vascular Consultation / Transfer of Care Form

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

- **Send copy of patient demographics/insurance card***
- **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 the care of your patient.

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

Referring Physician: _____ Requesting Physician Signature: _____

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Chief Complaint: _____ Insurance*: _____

Requesting Appointment: **STAT** (within 1 week) **ASAP** (within 2 weeks) **Next Available**

BAY CITY

1900 Columbus Ave.
South Tower, 4th Floor
Bay City, MI 48708

Phone: 989-894-3278
Fax: 989-891-0908

Cardiovascular Surgery:

Ramesh Cherukuri, MD
Cardiovascular Surgery

Cardiology:

First Available
 Michael Abdul-Malek, DO
Cardiology
 Yousef Bader, MD
*Cardiology/Interventionalist/
Structural Heart*
 Jonathan Christie, PA
Cardiology
 Sue Hafer, NP
Cardiology
Congestive Heart Failure
Pulmonary Hypertension
 Daniel Lee, MD
Cardiology/Interventionalist
 Marina Maraskine, MD
Interventional Cardiology
 Anas Obeid, DO
Cardiology/Interventionalist

Abraham Salacata, MD
Cardiology

Jennifer Schlitzkus, PA
Cardiology

Electrophysiology:

First Available
 Soliman A. Soliman, MD
Electrophysiology
 Tiffanee Wazny-Kohl, NP
Electrophysiology

Thoracic Surgery:

John Kuhn III, MD
Thoracic Surgery

Vascular Surgery:

First Available
 Matthew Haffner, MD
Vascular Surgery
 Frances Kirkland, NP
Vascular Surgery
 Nicolas Mouawad, MD
Vascular Surgery

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(Continued)

Please complete Page 1 of this form.

BAD AXE

1060 S. VanDyke Rd., Suite 200-300
Bad Axe, MI 48413
Phone: 989-894-3278
Fax: 989-891-0908

Provider:

- Michael Abdul-Malek, DO
Cardiology
- Matthew Haffner, MD
Vascular Surgery
- Tiffanee Wazny-Kohl, NP
Electrophysiology

CARO

1800 West Caro Rd., Suite VII
Caro, MI 48723
1525 West Caro Rd., Caro, MI 48723
Phone: 989-894-3278
Fax: 989-891-0908

Provider:

- Jonathan Christie, PA
Cardiology
- Anas Obeid, DO
Cardiology/Interventionalist

GLADWIN

2137 W. M-61, Gladwin, MI 48624
Phone: 989-894-3278
Fax: 989-891-0908

Provider:

- Yousef Bader, DO
*Structural Cardiology/
Interventionalist*

HALE

3190 Northridge Dr., Hale, MI 48739
Phone: 989-516-0100
Fax: 989-345-0485

Provider:

- Thomas Tomczak, NP
Cardiology

WEST BRANCH

2110 M-76, Suite 8
West Branch, MI 48661
Phone: 989-516-0100
Fax: 989-345-0485

Providers:

- First Available Cardiologist
- Sue Hafer, NP
*Cardiology
Congestive Heart Failure
Pulmonary Hypertension*
- Frances Kirkland, NP
Vascular Surgery
Fax: 989-516-5100
- Daniel Lee, MD
Cardiology/Interventionalist
- Amy Lesausky, NP
Cardiology
- Thomas Tomczak, NP
Cardiology
- Mark Sierra, MD
Cardiology
- Tiffanee Wazny-Kohl, NP-C
Electrophysiology

MIDLAND

801 Joe Mann Blvd., Suite J
Midland, MI 48642
Phone: 989-894-3278
Fax: 989-891-0908

Provider:

- Daniel Lee, MD
Cardiology/Interventionalist
- Jennifer Schlitzkus, PA
Cardiology

PRUDENVILLE

1401 Short Dr.
Prudenville, MI 48651
Phone: 989-894-3278
Fax: 989-891-0908

Provider:

- Anas Obeid, DO
Cardiology/Interventionalist

MT. PLEASANT

5115 E. Pickard St.
Mt. Pleasant, MI 48858
Phone: 989-894-3278
Fax: 989-891-0908

Providers:

- First Available Cardiologist
- Yousef Bader, MD
*Structural Cardiology/
Interventionalist*
- Marina Maraskine, MD
Interventional Cardiology
- Nicolas Mouawad, MD
Vascular Surgery
- Soliman A. Soliman, MD
Electrophysiology

STANDISH

4489 W. M-61, Standish, MI 48658
Phone: 989-894-3278
Fax: 989-891-0908

Providers:

- First Available Cardiologist
- Abraham Salacata, MD
Cardiology
- Soliman A. Soliman, MD
Electrophysiology
- Thomas Tomczak, NP
Cardiology

Appointment Date: _____ Time: _____ AM/PM Initials: _____

Provider: _____ Date: _____

Paperwork: Packet sent OR Request patient to arrive 30 minutes prior to appointment time