NORTHSIDE HOSPITAL
HEART INSTITUTE

Cardio - Obstetrics Consultation

Referral Specialist Line: 404-733-0000
Referral Fax: 404-962-6001

Submit | Reset Form

Patient Information

Patient Name _____ Date _____

DOB_____ Phone # _____

Address _____

City _____State _____Zip _____

Diagnosis/Reason for Consult _____

** Please include a copy of the patient's demographics, insurance information and office notes from last visit:*

_____

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Physician Consult Request **If unassigned, please select preferred location below:*

- ☐ Mary Bergh, MD
- ☐ Courtney Bess, MD
- ☐ Parham Eshtehardi, MD
- ☐ Keionna Grant, MD
- ☐ Lee Padove, MD
- ☐ Amit Tibrewala, MD
- ☐ Deepthi Tirunagari, MD
- ☐ Michele Voeltz, MD
- ☐ Feresa Weragoda, MD
- ☐ An Young, MD
- ☐ Christine Becker, NP
- ☐ Unassigned

Preferred Location

- ☐ Atlanta
- ☐ Buford
- ☐ Canton
- ☐ Cumming
- ☐ Duluth
- ☐ Lawrenceville
- ☐ Peachtree Corners
- ☐ Roswell
- ☐ Snellville

Additional Notes

Referring Provider Information

Provider Name_____

Provider Contact #_____

Provider Fax # _____

Appointment Priority

- ☐ Urgent (1-2 Business Days) Within
- ☐ 5-7 Business Days
- ☐ 1st Available to Establish Care

Patient Appointment

Date_____

Time _____

Provider_____

Location _____