

Today's Date: _____
 Time: _____



**Michigan CardioVascular
 Institute**

1-877-725-MCVI (6284) ♥ (989) 754-3000

MCVI Office Use Only
Scheduled Appointment

Date: _____

Time: _____

Location: _____

OFFICE APPOINTMENT REQUEST FORM

Saginaw Cardiologists

- | | |
|---|--|
| <input type="checkbox"/> Sarosh Anwar, M.D. | <input type="checkbox"/> Safwan Kassas, M.D. |
| <input type="checkbox"/> Jeffery Carney, M.D. | <input type="checkbox"/> Alok Maheshwari, M.D. |
| <input type="checkbox"/> David Chen, M.D. | <input type="checkbox"/> Stephen Mattichak, M.D. |
| <input type="checkbox"/> John Collins, M.D. | <input type="checkbox"/> Pamela Reed, M.D. |
| <input type="checkbox"/> Peter Fattal, M.D. | <input type="checkbox"/> Susan Sallach, M.D. |
| <input type="checkbox"/> Joyce Geary, M.D. | <input type="checkbox"/> Shiraz Shariff, M.D. |
| <input type="checkbox"/> Rao Gudipati, M.D. | <input type="checkbox"/> First Available |
| <input type="checkbox"/> Roger Kahn, M.D. | |

Midland Cardiologists

- | |
|--|
| <input type="checkbox"/> Rodney Diehl, D.O. |
| <input type="checkbox"/> William Felten, M.D. |
| <input type="checkbox"/> Robert Genovese, M.D. |
| <input type="checkbox"/> Gregory Pellizzon, M.D. |
| <input type="checkbox"/> First Available |

PLEASE FAX WITH REQUEST:

- | | |
|---|--------------------------------------|
| ~ Recent cardiac testing and procedures | ~ Pertinent patient reports and EKGs |
| ~ Copy of patient's insurance cards | ~ Appropriate referrals, if required |

Electrophysiology Services

- | | |
|---|---|
| <input type="checkbox"/> Consult | <input type="checkbox"/> Nilofar Islam, M.D. (Bay City) |
| <input type="checkbox"/> Follow Up | <input type="checkbox"/> Asim Yunus, M.D. (Saginaw) |
| <input type="checkbox"/> Pacemaker Evaluation | <input type="checkbox"/> Liaqat Zaman, M.D. (Saginaw) |
| <input type="checkbox"/> ICD Evaluation | <input type="checkbox"/> First Available |
| <input type="checkbox"/> Event Monitor | |

Fax Electrophysiology Request Forms to (989) 754-3059

Surgical Services

- | | |
|--|--|
| <input type="checkbox"/> Consult for... | <input type="checkbox"/> Norbert Baumgartner, M.D. |
| <input type="checkbox"/> Vascular | <input type="checkbox"/> Luigi Maresca, M.D. |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Christopher Genco, M.D. |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Robert Holmes, M.D. |
| <input type="checkbox"/> Varicose Vein Consult | <input type="checkbox"/> Robert Jones, M.D. |
| | <input type="checkbox"/> First Available |

Fax Surgical Request Forms to (989) 754-3048

Cardiology Office Appointment

- | |
|--|
| <input type="checkbox"/> Consult |
| <input type="checkbox"/> Pre-Surgical Cardiac Clearance
<small>(may require additional testing)</small> |
| Surgery Date _____ |
| Type of Surgery _____ |
| Surgeon's Name _____ |

Fax Completed Appt. Request Forms to...

- | |
|--|
| <input type="checkbox"/> Saginaw Cardiologist (989) 754-3051 |
| <input type="checkbox"/> Midland Cardiologist (989) 633-0349 |
| <input type="checkbox"/> Cardiovascular Surgeon (989) 754-3048 |

CHF Clinic

Virginia Roland, MSN, APRN, BC
 Director

- Appointment

Fax CHF Clinic Appointment
 Request Forms to (989) 754-3051

Patient Information

Name: _____
 Address: _____
 Phone #: _____ Alt. Phone #: _____
 DOB: _____ Best Time To Contact: _____

MCVI Office Use Only

Patient Information Packet Sent On: _____

Scheduler's Initials: _____

Referring Physician Information

Physician's Name: _____
 Phone #: _____ Fax #: _____
 Office Contact Name: _____
(completed appointment request will be faxed back to you)

Diagnosis: _____

Physician Signature: _____



OFFICE APPOINTMENT REQUEST DIRECTIONS

The **Appointment Request** form is offered to referring physicians and their staff as an alternative to calling the MCVI office to make patient appointments. The method used to make patient appointments is your choice. We are more than happy to accept phone calls as well as faxed requests.

The **Appointment Request** form is simple to use. The referring physician's office completes all pertinent information on the form. Then the form should be faxed to the appropriate fax number along with the appropriate attachments. Your request will then be picked up by the appropriate scheduler and the appointment will be made. Once the appointment is completed, the scheduler will fax back the **Appointment Request** form with the box in the top right-hand corner completed. This will be your verification that the appointment has been made.

Our goal is to schedule all appointments within 24 hours of receiving the faxed request. Please keep in mind that if we are unsuccessful at contacting the patient on the first try, this may affect our turn-around time.

If you should have any questions regarding this service, please contact **Deb Sikorski, Scheduling Manager**, at **(989) 754-3555 ext. 4353**.

If you do need additional copies, please contact **Becky Felker, Director of Marketing**, at **(989) 754-3222**. You may also find this form online at www.mcvi.com.