C.A.I.

A Cardiovascular & Arrhythmia Institute

Se Habla Espanol

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Fax Referrals to (480) 248-6552

Patient Name: _____ **Date of Birth:** ____/____/____

Patient Phone (H): _____ **(W):** _____ **(Cell):**_____

Address: _____

Insurance: _____ **ID#** _____

Secondary Insurance : _____ **ID#** _____

Diagnosis: _____

Reason: _____

Referral Start Date: _____ **Referral End Date:**_____

# of Visits Allowed: _____

Notes: _____

_____

_____

Referring office info:

Provider Name: _____

Provider NPI #:_____

Office Address#:_____

Phone #: _____ **Fax #:** _____

Please include any necessary notes, labs and tests

Provider Phone Line (480) 889-9944 Referral Fax Line (480) 248-6552

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Salim Thabet, M.D. Michael Jerman, M.D.