Saint Luke's
MID AMERICA HEART INSTITUTE

4321 Washington St., Suite 2100
Kansas City, MO 64111
816-932-3264 office
816-932-7575 fax

1035 N. Emporia Ave., Suite 185
Wichita, KS 67214
316-303-1045 office
316-303-1026 fax

Heart Transplant and VAD Referral

Patient Information

Patient Name _____

DOB _____ Sex _____ Phone _____

Referring Provider Information

Referring Provider Name _____ Referral Date _____

Phone _____ Fax _____

Please send records below, if available:

- Copy of insurance cards and prescription cards
- Patient demographic information
- Labs (most recent)
- History and physical (most recent)
- Echocardiogram
- Heart cath reports

Primary Care Provider Information

Primary Care Provider _____ Phone _____

City, State _____

Insurance Information

Please fax insurance and prescription cards to 816-932-7575

If cards are not available, please fill out the following:

Primary _____ Secondary _____

Card Holder _____ Card Holder _____

Phone _____ Phone _____

ID # _____ Group # _____ ID # _____ Group # _____

Find this form at **saintlukeskc.org/heart-referral**

SaintLukesKC App

Saint Luke's Health System shall not discriminate on the basis of race, color, national origin, gender, pregnancy status, sexual orientation, age, religion, disability, veteran status, gender identity, or expression.
Saint Luke's Health System cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
saintlukeskc.org/diversity-inclusion

To reorder please call

816-932-3264