Heart Transplant and VAD Referral

BJC Health | Saint Luke's Mid America Heart Institute

Patient Information

PATIENT NAME | **DOB** | **GENDER** | **PHONE**

Referring Provider Information

REFERRING PROVIDER NAME | **REFERRAL DATE**

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

Primay 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 #** _____

Locations

4401 Wornall Road, Kansas City, MO 64111
816-932-3264 office
816-932-7575 fax

1100 N. St. Francis, Suite 130, Wichita, KS 67214
316-303-1045 office
316-303-1026 fax

Find this form at SaintLukesKC.org/Heart-Referral

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