



EISENHOWER HEALTH
DESERT CARDIOLOGY CENTER

Please fax the completed Patient Referral Form to 760-340-9152 with your patient's complete medical history and records including:

- Current Medications
- Surgeries/Procedures
- Diagnostic Test Reports, including films or tracings

PATIENT REFERRAL FORM

Referring Physician _____ Email _____

Phone # _____ Fax # _____

Address _____

Name of Patient Referred _____

Date of Birth _____ Social Security # _____

Phone # _____

Address _____

Insurance Information

PRIMARY COVERAGE		SECONDARY COVERAGE	
Insured's Name		Insured's Name	
Insurance Company		Insurance Company	
Claim Address		Claim Address	
Group #	Policy #	Group #	Policy #

Please Indicate Physician Referred to:

___ Brom D. Beckerman, MD

___ David P. Choe, MD

___ Evangelos A. Diamantakos, DO

___ Leon A. Feldman, MD

___ James M. Fitts, MD

___ Andrew D. Frutkin, MD

___ Damon E. Kelsay, MD

___ Puneet K. Khanna, MD

___ Khôi Lê, MD

___ Ali Naderi, MD

___ Lester D. Padilla, MD

___ Praveen Panguluri, MD

___ Sandy S. Park, MD

___ Philip J. Patel, MD

___ Andrew M. Rubin, MD

___ Eric M. Sontz, MD

___ Chanaka D. Wickramasinghe, MD

___ No Preference / First Available

Reason for Referral _____
