



Advanced Heart Failure Center Referral Form

Patient name: _____ DOB: _____

Referring physician: _____

Phone: _____ Fax: _____

Office contact person: _____

Primary care physician: _____

Referring to:

Cardiologist/APP:

David Meggo, M.D.
Kayla Webster, PA-C
Deborah Crawford, APRN
Mallory Neal, APRN

Pavel Buzadzhi, APRN
Steven C. Stroud M.D.
Stephanie Short, APRN

Service location: **Tulsa** **Grove**

Please check the program you are referring the patient to:

- Outpatient Advanced Heart Failure Center
- Left ventricular assist device (LVAD)
- Pulmonary hypertension
- Cardiac amyloidosis
- Hypertrophic cardiomyopathy (HCM)

Please fax all medical records, including the most recent information listed below, to 918-574-9059, ATTN: Intake Coordinator

- ✓ Demographics and insurance card
- ✓ Most recent office visit notes
- ✓ Cardiac diagnostic testing reports
- ✓ Current medication list
- ✓ Other applicable clinical information

Please mail disks with images to:

Advanced Heart Failure Center
Oklahoma Heart Institute
1120 S. Utica Ave. | Tulsa, OK 74104

For questions, contact the Advanced Heart Failure Center at 918-574-9003.