



**CARDIO-
THORACIC
SURGEONS. P.C.**

PRACTICE OF CARDIAC, THORACIC
AND PERIPHERAL VASCULAR SURGERY

JOHN L. HARLAN, M.D.
JOHN B. RICHARDSON, JR., M.D.
JOHN B. CASTERLINE, M.D.
PARVEZ K. SULTAN, M.D.
TRENT A. HOWARD, D.O.
JOHN S. THURBER, M.D.

Cardio-Thoracic Surgeons

Referral Form

Phone # 205-716-6900

Fax # 205-939-0293/ 205-939-0242

Date: _____

Referring Physician: _____

Referring Physician: Phone # _____ Fax # _____

Which Physician are you Referring to:

- Dr. John B Richardson, St. Vincent's Birmingham **(In office Monday's only)**
- Dr. John Casterline, Grandview Medical Center **(In office Tuesday mornings only)**
- Dr. Trent Howard, St. Vincent's East **(In office Tuesday afternoons only)**
- Dr. John Thurber, St. Vincent's East **(In office Wednesday mornings only)**
- Dr. John Harlan, Grandview Medical Center **(In office Wednesday afternoons only)**
- Dr. Parvez Sultan, St. Vincent's Birmingham **(In office Thursdays only)**
- First available physician

All patients are seen at our office located at 2871 Acton Road Suite 100, Birmingham, AL 35243

Patient Information:

Name: _____ DOB: _____

Address: _____

Insurance: _____ Policy #: _____

Telephone #: Home: _____ Cell: _____

Patients Chief Complaint:

- Coronary Artery Disease
- Lung Mass/ Lung Cancer
- Aortic Valve/ Mitral Valve/Tricuspid Valve Stenosis or Regurgitation
- Peripheral Vascular or Arterial Disease
- Ascending/Descending Thoracic Aneurysm
- Abdominal Aortic Aneurysm
- Other: _____

PLEASE FAX ALL RECORDS WITH REFERRAL FORM:

- Demographics sheet
- Insurance card and Driver's License
- All diagnostic testing, (EX: CT, PET, LHC, TEE, ECHO, DOPPLERS OR ULTRASOUNDS, ETC)
- Most recent office notes
- Most recent lab work