Saint Luke's
MID AMERICA HEART INSTITUTE

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

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

Heart Transplant and VAD Referral

Patient Information

Patient Name _____ DOB _____ Gender _____

SSN _____ Phone _____

Referring Physician Information

Primary Care Physician Name _____

Phone _____ Fax _____

Please send records below if available:

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

Referral Information

Referral date _____ Physician or person referring _____

Phone _____

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 **saintlukeshealthsystem.org/heart-referral**