OCONEE HEART
& Vascular Center
ST. MARY'S MEDICAL GROUP

Referral / New Patient Inquiry

Please complete the following and return along with records via fax at 706-353-2205.
Thank you for your referral.

Dr. Layher Dr. Lowman Dr. Neckman Dr. Ouzts
Dr. Shah Dr. Willis Dr. Chappell

Patient Name_____ DOB _____

Address_____

_____

Home # _____ Cell # _____

Referring Physician & NPI _____

Reason for Referral/Visit _____

Primary Insurance _____
(Please send copy of card if available)

ID # _____ Group # _____

Secondary Insurance _____

ID # _____ Group # _____

If HMO, POS, GBHC or other plans requiring referral please fax referral

Please provide the following:

- **Current Office Note**
- **Most Recent Lab Work**
- **Echocardiogram Results**
- **EKG**
- **Exercise Stress Test Results**
- **Nuclear Stress Test Results**
- **CT Scan Results**
- **Carotid – Vascular Study Results**