



Call: (270) – 691 – 1877 or  
(270) 683-8672  
Fax: (270) – 685 – 8223

## REQUEST FOR APPOINTMENT FORM

Thank you for choosing Owensboro Heart & Vascular

Please fax this form to **270-685-8223**. The patient will be contacted within 48 hours.

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Appointment with:  Dr. Kishor Vora  Dr. Lior Shamai

Reason for Referral:  
\_\_\_\_\_

Diagnosis:  
\_\_\_\_\_  
(Please attach all lab reports, office notes, imaging report, etc.)

Name of Insurance:  
\_\_\_\_\_  
(Please send Patient Demographics along with Insurance information)

**Provider's Signature:** \_\_\_\_\_