

# Rapid Referral Form



This convenient form offers access to services within Miami International Cardiology Consultants (MICC).  
To request an appointment, please complete the form and send by:

**Fax** to 305-571-0660 or **Email** to [RapidReferral@micc.com](mailto:RapidReferral@micc.com)

A member of our team will send a confirmation email with information about the patient's appointment within 24 hours of receipt.

## Office Information:

Referring Physician or Practitioner: \_\_\_\_\_

Office Fax & Email for Confirmation & Results: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_

## Patient Information:

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

Patient Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy Name and Number: \_\_\_\_\_

Patient diagnosis or reason for referral:

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List all current medications:

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Please feel free to contact us at 305-571-0620 if you have questions or need more information.  
Thank you for allowing us to serve you!