



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

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: _____

Patient Social Security #: _____ - _____ - _____ Phone: _____

Insurance Policy Name and Number: _____

Patient diagnosis or reason for referral:

List all current medications:

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!