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Macon, GA. 31201  
(478) 738-9443  
(478) 738-9750

105 Avera Dr.  
Fort Valley Ga. 31030  
(478) 827-1444  
(478) 827-1005

235 Margie Dr. Suite 300  
Warner Robins, GA. 31088  
(478) 333-6167  
(478) 333-6288

540 West Thomas St. Suite E  
Milledgeville, GA. 31061  
(478) 453-8991  
(478) 454-0041

**Obinnaya Emerole, M.D., F.A.C.C.**

**Chukwuemeka Nwabuebo, M.D., F.A.C.C.**

**Please complete this form and fax it to us at (478) 738-9750 we will call you with an appointment date and time:**

Date of Request: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Physician UPIN: \_\_\_\_\_ Referring Physician NPI: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Patients Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

**Primary Insurance: Insured Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Plan Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Group #: \_\_\_\_\_ Group Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Secondary Insurance: Insured Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Plan Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Group #: \_\_\_\_\_ Group Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral # for insurance company if required: \_\_\_\_\_

Please fax recent progress note with a complete list of current medications, labs, EKG, Stress tests, Echocardiograms, or any other cardiovascular tests or operative reports.

Please tell us why this patient needs to be evaluated. \_\_\_\_\_

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**Please indicate which physician you would like this patient to see. Obi Emerole, M.D. or Chuk Nwabuebo, M.D.**

