



Mississippi
Children's
HEART CLINIC

Pediatric Cardiology Referral Form

 SAME-WEEK APPOINTMENTS
AVAILABLE

Please fax completed referral form to 601-965-5300 | Include notes and prior testing

PATIENT INFORMATION

Patient Name (Last, First): _____

Date of Birth (mm/dd/yyyy): _____ SSN: _____

Phone: _____ Alternate Phone: _____

Address: _____

Insurance: _____ Policy #: _____

Subscriber: _____ Subscriber Date of Birth: _____

Subscriber SSN: _____

Parent/Guardian: _____

REFERRAL DETAILS

Murmur Chest Pain Congenital Heart Disease

Abnormal ECG Syncope Palpitations

Sports Clearance Pulmonary Hypertension POTS

Others: _____

URGENCY:

Routine (1-2 weeks) Priority (3-5 days) Urgent (1-2 days)



REFERRING PROVIDER

Physician: _____

Clinic: _____

Phone: _____ Fax: _____

CLINICAL INFORMATION

Reason for Referral/Clinical Notes:

Recent Vitals (if available):

Weight: _____ BP: _____

HR: _____ O₂Sat: _____

Relevant Testing / Attachment

ECG . . Echo. Labs Other

Please attach relevant notes and testing



FAX COMPLETED FORM TO (601) 965-5300



For urgent referrals, call (601) 965-6100



Mississippi Children's Heart Clinic

Pediatric Cardiology

Clear Answers. Timely Access. Expert Care, Close to Home

Dr. Onyekachukwu Osakwe, MD, MPH

Board Certified in Pediatrics and Pediatric Cardiology

Dr. David Braden, MD

Board Certified in Pediatrics and Pediatric Cardiology

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WHY REFER TO US?

- Same week appointments available
- Direct physician communication
- Reduced wait times vs. hospital systems
- Boutique, family-centered care
- Collaborative approach with primary providers

SERVICES

- Murmur Evaluation
- Chest Pain / Syncope
- Echocardiography
- Congenital Heart Disease
- Sports Clearance
- Pulmonary Hypertension

THE BENEFITS FOR YOUR PRACTICE

- Fast access for your patients
- Clear communication & timely updates
- Same-day provider-to-provider consultation
- Detailed reports and recommendations
- We partner with you in every step of care

REFERRAL PROCESS

- 1 Complete referral form
- 2 Fax with notes/testing to (601) 965-5300
- 3 Family contacted within 24-48 hours



QUESTIONS OR NEED TO SPEAK DIRECTLY?

Call (601) 965-6100. We are here to help.



REFER ONLINE SECURELY

Scan to submit a referral securely.



REFERRALS MADE EASY, FAST, AND FAMILY FOCUSED