

PATIENT REFERRAL FORM

PATIENT INFORMATION

PATIENT NAME: _____ PATIENT DOB: _____
 CONTACT #: _____ ALTERNATE #: _____
 INSURANCE: _____ ID #: _____ GROUP #: _____

REFERRING PROVIDER INFORMATION

PROVIDER NAME: _____
 CONTACT #: _____ FAX #: _____

CONSULTATION

CARDIOLOGY

CARDIAC DIAGNOSTIC:

- TREADMILL
- HOLTER MONITOR
- 24 Hours
 - 48 Hours
 - 72 Hours
- EVENT RECORDER
- LOOP RECORDER
- EKG ONLY
- TILT TABLE
- ECAT/MCOT
 - 7 Days
 - 14 Days
 - 30 Days

NUCLEAR IMAGING:

- TREADMILL STRESS TEST (78452)
- LEXI SCAN (78452)
- MUGA (78472)
- PET (78492)

ECHOCARDIOGRAM:

- (30-45m) 93306 2D ECHOCARDIOGRAM WITH DOPPLER
- (60m) 93015, 93351, 93320, 93325 EXERCISE STRESS ECHOCARDIOGRAM
- (60m) 93306) 2D ECHOCARDIOGRAM WITH BUBBLE STUDY

INDICATIONS/DIAGNOSES:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Diabetes, Adult Onset | <input type="checkbox"/> CAD; Native Vessel | <input type="checkbox"/> Rhythm other: Bradycardia | <input type="checkbox"/> Edema, Anasarca |
| <input type="checkbox"/> Diabetes IDDM Juvenile | <input type="checkbox"/> S/P MI | <input type="checkbox"/> Cardiac Dysrhythmia | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Pulmonary Embolism | <input type="checkbox"/> CHF | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Mitral Valve Stenosis | <input type="checkbox"/> Pulmonary HTN, Secondary | <input type="checkbox"/> ASCVD Unspecified | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Pericarditis-acute | <input type="checkbox"/> TIA, Transient Ischemic Attack | <input type="checkbox"/> Dyspnea-other Respiratory |
| <input type="checkbox"/> Aortic & Mitral Valve Insuff. | <input type="checkbox"/> Mitral Valve Disorders | <input type="checkbox"/> CVA | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Rheumatic Heart Disease | <input type="checkbox"/> Aortic Valve Stenosis, Insuff. | <input type="checkbox"/> Hypotension Unspecified | <input type="checkbox"/> EKG, Abnormal |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> COPD | <input type="checkbox"/> S/P MVR, AVR |
| <input type="checkbox"/> Hypersensitive Heart Disease | <input type="checkbox"/> Supraventricular Tachycardia | <input type="checkbox"/> Pulmonary Edema | <input type="checkbox"/> S/P Cardiac Pacemaker |
| <input type="checkbox"/> Angina, unstable | <input type="checkbox"/> A-fib | <input type="checkbox"/> Pulmonary Valve Insuff. | <input type="checkbox"/> S/P CABG |
| <input type="checkbox"/> Angina Pectoris Unspecified | <input type="checkbox"/> Atrial Flutter | <input type="checkbox"/> Syncope | <input type="checkbox"/> S/P Coronary Intervention |
| <input type="checkbox"/> ASHD | <input type="checkbox"/> Premature Heart beats | <input type="checkbox"/> Fatigue, Malaise | <input type="checkbox"/> Pre-op Cardiovascular |
| <input type="checkbox"/> Other Dx: | | | |

PROVIDER:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Algeo MD, Stephen | <input type="checkbox"/> Fernandez MD, Jose | <input type="checkbox"/> Makki MD, Nader | <input type="checkbox"/> Reddy MD, Kartik (EP) |
| <input type="checkbox"/> Bose MD, Raj (CT) | <input type="checkbox"/> Gavlick DO, Kirk | <input type="checkbox"/> Menezes MD, Arthur | <input type="checkbox"/> Spooner MD, Peter H |
| <input type="checkbox"/> Bejarano MD, Paul | <input type="checkbox"/> Gheewala MD, Neil M | <input type="checkbox"/> Molls MD, Frank | <input type="checkbox"/> Thomas MD, William |
| <input type="checkbox"/> Butler MD, Elizabeth (CT) | <input type="checkbox"/> Gopalakrishnan MD, Mukesh | <input type="checkbox"/> Morales MD, Monty C | <input type="checkbox"/> Tirrito MD, Salvatore |
| <input type="checkbox"/> Decena MD, Benigno (EP) | <input type="checkbox"/> Kansagra MD, Janakkumar | <input type="checkbox"/> Mostafizi MD, Kioumars | <input type="checkbox"/> Tuli MD, Ajay |
| <input type="checkbox"/> Desai MD, Rajen | <input type="checkbox"/> Katariya MD, Kushagra (CT) | <input type="checkbox"/> Munjal MD, Jitender (EP) | <input type="checkbox"/> Waggoner DO, Thomas E |
| | <input type="checkbox"/> Koshkarian MD, Gregory | <input type="checkbox"/> Myer MD, James | <input type="checkbox"/> Watson MD, Gordan |
| | <input type="checkbox"/> Lancero MD, Lou L | <input type="checkbox"/> Peress MD, Darren (EP) | <input type="checkbox"/> Winter MD, Jerrold (EP) |

REFERRING PROVIDER SIGNATURE: _____ DATE: _____

FAX COMPLETED FORM TO (520) 325-3526

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VASCULAR

CEREBROVASCULAR (Non Fasting)

- (60m) 39 93880 Bilateral Carotid Doppler
- (60m) 109 93882 Unilateral Carotid Doppler

PERIPHERAL ARTERIAL (Non Fasting)

- (30m) 95 93922 ABI (Ankle-brachial index) resting
- (30m) 105 93922 TBI (Toe-brachial index)
- (60m) 126 93923 Oximetry ABI w/ exercise part w/ heel lifts
- (60m) 116 93922 Doppler Wafeform
- (30m) 106 93923 Segmental ABI
- (60m) 112 93930 Upper Extremity Arterial Duplex (bil)
- (30m) 113 93931 Upper Extremity Arterial Duplex (uni)
- (60m) 104 93924 ABI (Ankle-brachial index w/ exercise)
- (90m) 110 93925/93922 Lower ext. Duplex (bilateral) /ABI
- (60m) 111 93926/ 93923 Lower ext. Duplex (unilateral)/ ABI
- (60m) 111 93926 Psuedoaneurysm lower ext. Duplex (uni)

- Consultation Venous Mapping
- STAT

ABDOMINAL/ VISCERAL DUPLEX (Fasting)

- (60m) 38 93978 Abdominal Duplex (Arterial)/ Aorta
- (60m) 107 93975 Celiac/ Superior Mesenteric Arterial Duplex
- (60m) 76775/93975 Renal / Kidney Duplex

PERIPHERAL VEIN (Non Fasting)

- (60m) 40 93970 UEV Eval for DVT Bilateral
- (30m) 40 93971 UEV Eval for DVT Unilateral
- (60m) 40 93970 LEV Eval for DVT Bilateral
- (60m) 40 93971 LEV Eval for DVT Unilateral
- (60m) 101 93970 Lower Extremity Venous Doppler

INDICATIONS/DIAGNOSES:

- Carotid Bruit
- Carotid Artery Occlusion
- Aneurysm
- Gangrene
- Pain in Limb(s)
- Edema of the Lower extremity
- Mesenteric Ischemia
- Claudication
- Aortic Aneurysm
- Phlebitis/Thrombophlebitis
- Varicose Veins
- Renovascular Hypertension

Other Dx: _____

PHYSICIAN:

- Balderman MD, Josh
- Barajas FNP-BC, Johnice
- Berman MD, Scott
- Clark PA-C, Jennifer
- Desai MD, Rajen
- Fincher DO, Robert
- Gopalakrishnan MD, Mukesh
- Leon MD, Luis
- Makki MD, Nader
- Mendoza MD, Bernardo
- Morales MD, Monty
- Murillo PA-C, Dacia
- Myer MD, James
- Pacanowski MD, John
- Sabat MD, Joseph
- Thomas MD, William
- Waggoner DO, Thomas
- No Preference

STAT

VEIN CENTER

VEIN DIAGNOSTIC:

- LOWER EXTREMITY VEIN DUPLEX (R/O DVT)
 - BILATERAL
 - UNILATERAL
 - RIGHT LEFT
- LOWER EXTREMITY VEIN DUPLEX (VENOUS INSUFFICIENCY EVAL)

INDICATIONS/DIAGNOSES:

- Varicose Veins
- Unexplained Pain/Swelling
- Unexplained Numbness
- Skin Problems (discoloration, redness, rash)
- Skin Ulcer (new, recurrent, or chronic non-healing)
- History of DVT
- Known Post Thrombotic Syndrome
- Recurrent Cellulitis
- Lymphedema
- May-Thurner Syndrome
- Restless Leg Syndrome
- Pelvic Congestion Syndrome

Other Dx: _____

PROVIDER:

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- Berman MD, Scott
- Jennifer Clark, PA-C
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- Fincher DO, Robert
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- Mendoza MD, Bernardo
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