



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

REFERRING PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAX COMPLETED FORM TO (520) 325-3526**

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 INSURANCE: \_\_\_\_\_ AUTH: \_\_\_\_\_ ID #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

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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:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Carotid Bruit            | <input type="checkbox"/> Gangrene                     | <input type="checkbox"/> Mesenteric Ischemia | <input type="checkbox"/> Phlebitis/Thrombophlebitis |
| <input type="checkbox"/> Carotid Artery Occlusion | <input type="checkbox"/> Pain in Limb(s)              | <input type="checkbox"/> Claudication        | <input type="checkbox"/> Varicose Veins             |
| <input type="checkbox"/> Aneurysm                 | <input type="checkbox"/> Edema of the Lower extremity | <input type="checkbox"/> Aortic Aneurysm     | <input type="checkbox"/> Renovascular Hypertension  |

Other Dx: \_\_\_\_\_

### PHYSICIAN:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Balderman MD, Josh      | <input type="checkbox"/> Gopalakrishnan MD, Mukesh | <input type="checkbox"/> Morales MD, Monty   | <input type="checkbox"/> Thomas MD, William  |
| <input type="checkbox"/> Barajas FNP-BC, Johnice | <input type="checkbox"/> Leon MD, Luis             | <input type="checkbox"/> Murillo PA-C, Dacia | <input type="checkbox"/> Waggoner DO, Thomas |
| <input type="checkbox"/> Berman MD, Scott        | <input type="checkbox"/> Makki MD, Nader           | <input type="checkbox"/> Myer MD, James      | <input type="checkbox"/> No Preference       |
| <input type="checkbox"/> Clark PA-C, Jennifer    | <input type="checkbox"/> Mendoza MD, Bernardo      | <input type="checkbox"/> Pacanowski MD, John |  |
| <input type="checkbox"/> Desai MD, Rajen         |  | <input type="checkbox"/> Sabat MD, Joseph    |  |

## VEIN CENTER

STAT

### VEIN DIAGNOSTIC:

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

### INDICATIONS/DIAGNOSES:

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

Other Dx: \_\_\_\_\_

### PROVIDER:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Balderman MD, Josh   | <input type="checkbox"/> Leon MD, Luis        | <input type="checkbox"/> Pacanowski MD, John |
| <input type="checkbox"/> Berman MD, Scott     | <input type="checkbox"/> Mendoza MD, Bernardo | <input type="checkbox"/> Sabat MD, Joseph    |
| <input type="checkbox"/> Jennifer Clark, PA-C | <input type="checkbox"/> Morales MD, Monty    | <input type="checkbox"/> Thomas MD, William  |
| <input type="checkbox"/> Desai MD, Rajen      | <input type="checkbox"/> Myer MD, James       | <input type="checkbox"/> Waggoner DO, Thomas |
|   | <input type="checkbox"/> Dacia Murillo, PA-C  | <input type="checkbox"/> No Preference       |

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