

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)  
 DOB: \_\_\_\_\_ MRN#: \_\_\_\_\_  
 HAR#: \_\_\_\_\_ CSN#: \_\_\_\_\_

**CARDIAC FAX REFERRAL/ORDER**

Orders preceded by a  will be initiated only if 'd.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
(last 4 digits only)  
 Address: \_\_\_\_\_ Contact #: \_\_\_\_\_ 2nd #: \_\_\_\_\_  
(# where pt can be reached)  
 Referring provider \_\_\_\_\_ NPI#: \_\_\_\_\_  
 Sender's name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax#: \_\_\_\_\_

**Appointment Type:**  Consult  Pacer/ICD  24 hr Holter Monitor  Followup

**\*Please include: copy of insurance card, last office visit note, medication list, recent EKG, labs and/or diagnostic tests**

Cardiac clearance for: \_\_\_\_\_ procedure on \_\_\_\_\_ date.

**Requested Timeframe:**  1-5 days  2-4 Weeks  Next available

**Office Preference:**  Wilmington (Main)  Brunswick  Whiteville  Jacksonville

**Provider Preference:** \_\_\_\_\_

***If an urgent appointment (within 24 hours) is needed, contact a physician at 910-662-9500 to facilitate care for this patient.***

**Imaging Requested:**  Echocardiogram  Stress Echocardiogram  Treadmill Exercise Test

Nuclear Stress Test (Exercise/Pharmacologic as Appropriate)  Carotid/ABI

(Patient's Weight \_\_\_\_\_ lbs)

**Cardiac Diagnoses:**  Chest Pain  Abnormal EKG  Chronic Heart Failure (CHF)

Cardiac Murmur  CAD  Syncope  Shortness of Breath

Peripheral Arterial Disease (PAD)  Peripheral Valve Disease (PVD)

Abnormal Study \_\_\_\_\_ (Name study)  Valvular Disease \_\_\_\_\_ (Identify valve disease)

Other \_\_\_\_\_

**Primary Insurance**

Insurance Co Name: \_\_\_\_\_  
 Subscriber#: \_\_\_\_\_  
 Group Name/#: \_\_\_\_\_  
 Preauthorization #: \_\_\_\_\_  
(if required)

**Secondary Insurance**

Insurance Co Name: \_\_\_\_\_  
 Subscriber#: \_\_\_\_\_  
 Group Name/#: \_\_\_\_\_  
 Preauthorization #: \_\_\_\_\_  
(if required)

Signature/Credentials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**THIS FORM IS PART OF THE PERMANENT MEDICAL RECORD**

