**Please attach patient demographics, including insurance information.**

Patient Name (Print): Click or tap here to enter text. Referring Physician (Print): Click or tap here to enter text.

**Patient DOB:** Click or tap here to enter text. **Last 4 of SSN:** Click or tap here to enter text.

**Referral Date:**Click or tap here to enter text. **Insurance Info:** Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Fax Number: Click or tap here to enter text.

Referring Physician Signature: Click or tap here to enter text.

Insurance Authorization: Click or tap here to enter text. Expiration Date: Click or tap here to enter text.

|  |
| --- |
| Request for Consultation:  CAD PAD/PVD ARRHYTHMIA PRE-OP Other: Click or tap here to enter text.  Vascular Surgeon  Surgery date if this is pre-op: Click or tap here to enter text. Stat (Less than 2 days) |

Please include a copy of pertinent records (i.e. office notes, labs, EKGs, etc.) to expedite your patient's care.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Venous Studies** | | |  | Upper Extremity Duplex  Unilat Bilat | |  | Lower Extremity Duplex  Unilat Bilat | | **Select all diagnoses that apply.** | | |  | Venous Insufficiency I87.2 | |  | Edema R60.9 | |  | Varicose veins I83.90 | |  | Acute venous thrombosis I82.409 | |  | Chronic venous thrombosis I82.509 | |  | Other: Click or tap here to enter text. | | |  |  | | --- | --- | | **Echocardiogram** | | |  | Complete Echo w/ Doppler | |  | Limited Echo | | **Select all diagnoses that apply:** | | |  | Abnormal EKG R94.31 | |  | Aortic valve sclerosis/insuff. I35.0 | |  | Arrhythmia I49.9 | |  | Chest pain R07.9 | |  | Mitral valve sclerosis/insuff. I34.0 | |  | Murmur R01.1 | |  | Shortness of breath R06.02 | |  | Other: Click or tap here to enter text. | | |  |  | | --- | --- | | **Arterial Studies** | | |  | Ankle-Brachial Index (ABI) w/ exercise | |  | Ankle-Brachial Index (ABI) w/o exercise | |  | Lower Extremity Duplex  Unilat Bilat | |  | Upper Extremity Duplex  Unilat Bilat | | **Select all diagnoses that apply:** | | |  | Claudication I73.9 | |  | Atherosclerosis w/ claudication I70.219 | |  | Other:Click or tap here to enter text. | |
| |  |  | | --- | --- | | **Stress Testing** | | | Request for stress testing includes a Cardiology Consultation per ICANL requirements | | |  | Treadmill | |  | CT Calcium Scoring | | **Select all diagnoses that apply:** | | |  | Angina I20.89 | |  | Coronary artery disease I25.10 | |  | Other: Click or tap here to enter text. | | |  |  | | --- | --- | | **Carotid** | | |  | Carotid Duplex  Unilat  Bilat | |  | Carotid artery disease I65.29 | |  | Bruits R09.89 | | |  |  | | --- | --- | | **Arrhythmia Evaluation** | | |  | Event monitor | |  | Holter monitor (72hr Only) | | **Select all diagnoses that apply:** | | |  | Arrhythmia I49.9 | |  | Palpitations R00.2 | |  | Routine pacemaker check Z45.01 | |  | Routine ICD check Z45.02 | |  | Other: Click or tap here to enter text. | |