Referral Form

Phone: 352-375-1212
Fax: 352-264-2584
www.tcavi.com

Please attach patient demographics, including insurance information.

Patient Name (Print): _____ Referring Physician (Print): _____

Patient DOB: _____ Last 4 SSN: _____ Referral Date: _____ Insurance info: _____

Phone Number: _____ Fax Number: _____

Referring Physician Signature: _____

Insurance Authorization: _____ Expiration Date: _____

Request for Consultation:
☐CAD ☐PAD/PVD ☐ARRHYTHMIA ☐PRE-OP ☐Other: ☐Vascular Surgeon

Surgery date if this is pre-op: ☐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:

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:

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:

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:

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: