

# Wilmington Health Cardiology



## Referral Request

Thank you for referring your patient to Wilmington Health Cardiology. **Please fax all required medical records and insurance information along with this form to 910-341-1900.** If you prefer to make your referral by phone or if you have any questions, please call (910) 617-1166 or (910) 815-3182.

Patient Name: \_\_\_\_\_ SS#(last 4): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Auth#: \_\_\_\_\_

**\*All Referring Providers are Responsible for Obtaining Prior Authorizations for Tests being Ordered\***

Referring Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <b>Emergency of Request (Please check one)</b>                               | <b>General Cardiology</b>                                  | <b>Interventional</b>                               |
| <input type="checkbox"/> 1-2 days*   | <input type="checkbox"/> Paul Payne, MD, FACC              | <input type="checkbox"/> Andrew Bishop, MD, FACC    |
| <input type="checkbox"/> 1-2 weeks   | <input type="checkbox"/> Gregory Roberts, MD, FACC         | <input type="checkbox"/> Damian Brezinski, MD, FACC |
| <input type="checkbox"/> Other (please specify)                              | <input type="checkbox"/> Matt Janik, MD                    |   |
| <input type="checkbox"/> First available or please check Requested Physician | <input type="checkbox"/> Juan Aldrich, MD (Southport ONLY) |   |
- \*1-2 day requests may go to first available**

- | <b>Diagnosis</b>                                     | <b>Other (please specify)</b> | <b>Services Requested</b>                                      |
|--|-------------------------------|--|
| <input type="checkbox"/> CHF                         | _____                         | <input type="checkbox"/> Consult/Follow-up                     |
| <input type="checkbox"/> Chest Pain                  | _____                         | <input type="checkbox"/> Pacer TICD Follow-up                  |
| <input type="checkbox"/> Arrhythmia                  | _____                         | <input type="checkbox"/> Nuc (or) Non-Nuc Exercise Stress Test |
| <input type="checkbox"/> Hypertension                | _____                         | <input type="checkbox"/> Nuclear Lexiscan (or) Resting MUGA    |
| <input type="checkbox"/> Murmur/Valve Disease        | _____                         | <input type="checkbox"/> Echocardiogram (or) EKG               |
| <input type="checkbox"/> Peripheral Arterial Disease | _____                         | <input type="checkbox"/> 24/hr (or) 30-day Monitor             |
|  |                               | <input type="checkbox"/> Heart Catherization                   |

### FOR WILMINGTON HEALTH CARDIOLOGY USE ONLY

**Confirmation: Your patient was contacted and appointment confirmed.**

Date \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ am/pm

Provider \_\_\_\_\_

We appreciate the referral. If we can be of additional service, or if you have questions or concerns, please call Mark Masschaele, RN, Clinical Manager, at (910)341-3417.