

Wilmington Health
Division of Cardiology
1202 Medical Center Drive
Wilmington, NC 28401



www.wilmingtonhealth.com
Fax: (910) 763-3980 & (910) 815-2914
Referral Fax: (910) 341-1900
Phone: (910) 341-3301
Phone: (910) 341-3312
Phone: (910) 341-3401

Wilmington Health – Cardiology REFERRAL REQUEST

Thank you for referring your patient to Wilmington Health Cardiology. Please fax all related medical records and insurance cards along with this form. Please include office notes, picture of EKG, labs and any cardiac studies or reports in plan of care. We will fax a confirmation of the request within one business day. If you prefer to make your referral by phone or have questions, please call **(910) 341-3401 or (910) 341-3312**. Thank you.

Patient Name: _____ DOB: _____ SSN: _____ Sex: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Insurance Company: _____ Authorization Number: _____
Referring Physician: _____ Phone: _____ Fax: _____

Urgency of Request (Please check one)

- 1-2 Days * 1-2 Weeks Other (please specify) _____
 1st Available or Please Check Requested Physician

General Cardiology

- Paul Payne, M.D., F.A.C.C
 Gregory Roberts, M.D.
 Matt Janik, M.D.

Interventional Cardiology

- Andrew Bishop, M.D.

Electrophysiology Cardiology

- Carlos Arrieta, M.D.

*1-2 Day Requests may go to first available

Diagnosis: CHF Arrhythmia Murmur/Valvular Disease Syncope
 AFib Chest Pain Hypertension Peripheral Arterial Disease Other _____

Services requested: Consult/Follow-up Exercise/Nuclear Stress Test Holter Monitor
 Pacer/ICD Follow up Left/Right Heart Cath Echocardiogram

Confirmation: Your patient was contacted and appointment confirmed

Date: / / Time: _____ Provider: _____

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