

Wilmington Health Cardiology



Referral Request

Thank you for referring your patient to Wilmington Health. Please fax all related medical records and insurance cards along with this form. We will fax a confirmation of your request to your office within one business day. If you prefer to make your referral by phone or if you have questions, please call 910.617.1166 or 910.815.3182.

Patient Name: _____ DOB: _____ SSN: _____ Sex: _____

Address: _____

Home Phone: _____ Work Phone: _____

Insurance Company: _____ Authorization Number: _____

Referring Physician: _____ Phone: _____ Fax: _____

Urgency of Request (please check one)

- 1-2 days*
- 1-2 weeks
- Other (please specify)

First available
or please check
requested physician

General Cardiology

- Paul Payne, MD, FACC
- Gregory Roberts,
MD, FACC
- Matt Janik, MD, FACC

Electrophysiology

- Michael McWilliams,
MD, FACC

Interventional Cardiology

- Andrew Bishop,
MD, FACC
- Damian Brezinski,
MD, FACC

*1-2 day requests may go to
first available.

Diagnosis

- CHF
- Chest Pain
- Arrhythmia
- Hypertension
- Murmur/Valvular Disease
- Peripheral Arterial Disease

- Syncope
- Other (please specify)

Services Requested

- Consult/Follow Up
- Pacer/ICD Follow Up
- Exercise Stress Test
- Nuclear Stress Test
- Echocardiogram
- 24-Hour Holter Monitor

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 Emily Piper, RN, Clinical Manager, at 910.341.3417.