

PHC REFERRAL FORM

PATIENT NAME: _____ DOB: _____

IMPORTANT RECORDS	
<input type="checkbox"/> Referral	
<input type="checkbox"/> Demographics	
<input type="checkbox"/> Last Office Visit	Please make sure the OV is associated with the referral diagnosis
<input type="checkbox"/> Cardiac Operations	All cardiac surgery reports
<input type="checkbox"/> Chest CT/MRI/Xray	Last 7 years- report and push images to "Inland Imaging Stentor"
<input type="checkbox"/> Echo	Last 7 years- report and push images to "Inland Imaging Stentor"
<input type="checkbox"/> Stress test	Last 7 years- report and push images to "Inland Imaging Stentor"
<input type="checkbox"/> Heart monitor	Last 7 years- report, including the rhythm strips
<input type="checkbox"/> EKG	Last 1 year-please send the image, <i>not the report</i>
<input type="checkbox"/> Hospital/ER	Last 1 year-related to diagnosis send reports, including DC summary
<input type="checkbox"/> Labs	Last 1 year
<input type="checkbox"/> Pacer/ICD OP Note	Device implant report
<input type="checkbox"/> Pacer/ICD interrogation	Last interrogation report
<input type="checkbox"/> Previous Cardiologist	Last Office Visit and any of the above records

If this is a STAT referral, please contact our office.

All other referrals our office will contact the patient to schedule.