

Winchester PHONE: 540-535-0000 / FAX: 540-535-0032 / 650 Cedar Creek Grade, Suite 100, WINCHESTER, VA 22601
Martinsburg PHONE: 304-350-3273 / FAX: 304-350-3275 / 2000 Foundation way, Suite 3100, MARTINSBURG, WV 25401

Date of Referral: ____/____/____

Referring Physician: _____	Contact Person: _____
Phone #: _____	Fax #: _____
Address: _____	
Reason for Referral: _____ <input type="checkbox"/> ASAP <input type="checkbox"/> Next Available	

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____
 DOB: ____/____/____ Social Security #: _____
 Address: _____
 Home #: _____ Cell #: _____ Work #: _____

INSURANCE INFORMATION

Insurance Co. Name: _____
 Policy ID #: _____
 Subscriber's Name: _____
 Referral/Authorization # (if applicable): _____

PATIENT DOCUMENTS

☐ WHIN

☐ EPIC

If not, FAX or MAIL the following:

- ☐ Current medication list
- ☐ History and physical / last progress note
- ☐ Results of any pertinent testing (cardiac catheterizations, CTA's, ECG, stress test, echocardiogram, vascular studies, vascular ultrasounds, arterial studies, etc.)
- ☐ Copy of insurance/Rx card
- ☐ Imaging reports and images on CD

If the study is abnormal, HVI physician has permission to do a consult with patient on the same day.

 Requesting Provider Signature

General

- ☐ Cardiology Consult
- ☐ Vascular Consult
- ☐ Echocardiogram
_____ with Bubble Study
- ☐ MUGA Scan
- ☐ CIMT

Vascular

- ☐ ABI/PVR + exercise
- ☐ ABI/PVR resting
- ☐ Lower Extremity Arterial Doppler
Right Left Bilateral
- ☐ Renal or Mesenteric Doppler
- ☐ Carotid Doppler
- ☐ AAA
- ☐ Aorta/Iliac

Stress Testing

- ☐ Treadmill Stress Test
**No imaging*
- ☐ Stress Echo
- ☐ Nuclear Stress Test
**If patient cannot exercise, we will convert to pharmacologic stress testing.*

Venous

- ☐ Venous Duplex (DVT)
- ☐ Venous Reflux
Right Left Bilateral

Please indicate specialty:

- | | |
|--|---|
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Vascular Surgery |

Important specialty specific notes:

If the Image Grid is unavailable, please have patient hand-carry image CD or mail to:

WVU Heart & Vascular Institute
PO Box 8500
Morgantown, WV 26506-8500