

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, Martinsburg, WV 25401

RANSON PHONE: 304-350-3273 / FAX: 304-350-3275 / 201 E. 5th Street, Ranson, WV 25438

HAGERSTOWN PHONE: 304-350-3273 / FAX: 304-350-3275 / 13 Western Maryland Pkwy, Suite 106, Hagerstown, MD 21740

Date of Referral: ____/____/____

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

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: ____/____/____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Insurance Co. Name: _____

Policy ID #: _____

Subscriber's Name: _____

Referral/Authorization # (if applicable): _____

PATIENT DOCUMENTS

WHIM 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
- Thoracic Consult
- Echocardiogram
_____ with Bubble Study
- MUGA Scan
(Winchester Only)
- CIMT

Vascular

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

Venous

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

***Stress Testing (Available at Winchester Clinic Only)**

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Treadmill Stress Test
<i>*No imaging</i> <input type="checkbox"/> Stress Echo | <ul style="list-style-type: none"> <input type="checkbox"/> Nuclear Stress Test
<i>*If patient cannot exercise, we will convert to pharmacologic stress testing.</i> |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> Cardiology | <ul style="list-style-type: none"> <input type="checkbox"/> Thoracic Surgery <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**