

Winchester PHONE: 540-535-0000 / FAX: 540-535-0032 / 650 Cedar Creek Grade, Suite 100, WINCHESTER, VA 22601
Front Royal PHONE: 540-535-0000 / FAX: 540-535-0032 / 920 N. Shenandoah Avenue, Suite 202, FRONT ROYAL, VA 226303
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
- Holter Monitor
24 HR or 48 HR
- CIMT
- 24 HR Blood Pressure Monitoring
(Ambulatory BP monitoring)

*Stress Testing

- Treadmill Stress Test
*No imaging
- Stress Echo
- Nuclear Stress Test

*If patient cannot exercise, we will convert to pharmacologic stress testing.

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

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