WVU Heart & Vascular Institute

WVU Heart & Vascular Institute Referral

PHONE: **304-414-4841(HVI1)** FAX: **304-444-4842(HVI2)**

401 Division Street

South Charleston, WV 25309

Date of Referral: _____/_____/_____

Referring Physician: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Address: _____

Reason for Referral: _____

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

☐ **WVHIN** ☐ **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**

Important specialty specific notes:
(If the Image Grid is unavailable, please have patient hand-carry image CD or mail to:

☐ **WVU Heart & Vascular Institute**
424 Division Street
South Charleston, WV 25309

☐ **WVU Heart & Vascular Institute**
401 Division Street
South Charleston, WV 25309

☐ **WVU Heart & Vascular Institute**
4315 MacCorkle Ave SE
Charleston, WV 25304

Please indicate specialty:

☐ **Cardiac Surgery** ☐ **Cardiology** ☐ **Thoracic Surgery** ☐ **Vascular Surgery**