**Please attach patient demographics, including insurance information.**

**Patient Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Physician (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient DOB: \_\_\_\_\_\_\_ Last 4 SSN: \_\_\_\_\_\_\_ Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_ Insurance info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Request for Consultation: [ ] **CAD** [ ] **PAD** [ ] **ARRHYTHMIA** [ ] **PRE-OP** [ ] **Vascular** [ ] **Venous** [ ] **Other:**Surgery date if this is pre-op: |

Please include a copy of pertinent records (i.e. office notes, labs, EKGs, etc.) to expedite your patient's care.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Venous Studies** |
|[ ]  Upper Extremity Duplex [ ] Unilat [ ] Bilat |
|[ ]  Lower Extremity Duplex [ ] Unilat [ ] Bilat |
| **Select all diagnoses that apply.** |
|[ ]  Venous Insufficiency I87.2 |
|[ ]  Edema R60.9 |
|[ ]  Varicose veins I83.90 |
|[ ]  Acute venous thrombosis I82.409 |
|[ ]  Chronic venous thrombosis I82.509 |
|[ ]  Other:  |

 |

|  |
| --- |
| **Echocardiogram** |
|[ ]  Complete Echo w/ Doppler |
|[ ]  Limited Echo |
| **Select all diagnoses that apply:** |
|[ ]  Abnormal EKG R94.31 |
|[ ]  Aortic valve sclerosis/insuff. I35.0 |
|[ ]  Arrhythmia I49.9 |
|[ ]  Chest pain R07.9 |
|[ ]  Mitral valve sclerosis/insuff. I34.0 |
|[ ]  Murmur R01.1 |
|[ ]  Shortness of breath R06.02 |
|[ ]  Other:  |

 |

|  |
| --- |
| **Arterial Studies** |
|[ ]  Ankle-Brachial Index (ABI) w/ exercise |
|[ ]  Ankle-Brachial Index (ABI) w/o exercise |
|[ ]  Lower Extremity Duplex [ ] Unilat [ ] Bilat |
|[ ]  Upper Extremity Duplex [ ] Unilat [ ] Bilat |
| **Select all diagnoses that apply:** |
|[ ]  Claudication I73.9 |
|[ ]  Atherosclerosis w/ claudication I70.219 |
|[ ]  Other: |

 |
|

|  |
| --- |
| **Stress Testing** |
|  Request for stress testing includes a Cardiology Consultation per ICANL requirements |
|[ ]  Treadmill |
|[ ]  CT Calcium Scoring |
| **Select all diagnoses that apply:** |
|[ ]  Angina I20.89 |
|[ ]  Coronary artery disease I25.10 |
|[ ]  Other:  |

 |

|  |
| --- |
| **Carotid** |
|[ ]  Carotid Duplex[ ] Unilat[ ] Bilat |
|[ ]  Carotid artery disease I65.29 |
|[ ]  Bruits R09.89 |

 |

|  |
| --- |
| **Arrhythmia Evaluation** |
|[ ]  Event monitor |
|[ ]  Holter monitor (72Hr Only) |
| **Select all diagnoses that apply:** |
|[ ]  Arrhythmia I49.9 |
|[ ]  Palpitations R00.2 |
|[ ]  Routine pacemaker check Z45.01 |
|[ ]  Routine ICD check Z45.02 |
|[ ]  Other:  |

 |