

**REFERRAL FORM FAX #: *614-859-1597***

 **FAX DATE: \_\_\_\_\_\_\_\_\_**

**URGENCY OF VISIT:**

* **ASAP**  **Within One Week**  **Routine**

**Diagnosis or Patient Complaint (ICD-9 & ICD-10 required- Please be sure to note location, duration, & severity to meet ICD 10 guidelines):**

Surgeon Name

Fax Number

Surgery Type

Phone Number

* Office Consult Only  Testing Only
* Consult with Testing  Consult for Surgical Clearance

If testing abnormal, please evaluate and treat Surgery Date:

**TESTING**

**Echocardiograms**

* 2-D Echo
* 2-D Echo Bubble Study
* Dobutamine Stress Echo
* Stress Echo

**Additional Services:**

* 24 Hour Blood Pressure Monitoring
* 24 Hour Holter Monitor
* Cardiac Event Monitor
	+ 7-Day
	+ 30-Day
* 6 Minute Walk Test
* Pulmonary Function Testing
* Pacemaker Defibrillator Clinic
* Cardiac Heart Failure Clinic (OSU East)
* Pulmonary Hypertension Clinic
* Metabolic Clinic

**Stress Tests:**

* Exercise Nuclear Stress Test
* Lexiscan/Adenosine Stress Test
* Exercise Treadmill EKG

**Vascular Exams**

* Abdominal Aortic Aneurysm
* Ankle-Brachial Indexing
* Carotid Artery Duplex Scan
* Lower Extremity Duplex Exam

**Hospital Exams and Procedures**

* Cardioversion
* Heart Catheterization
* Tilt Table Test
* Transesophageal Echo (TEE)

**PATIENT INFORMATION**

\*Please send last office note, EKG, labs, and any other records to all appointments so that we can properly care for your patient.

 **PLEASE SEND A COPY OF THE PATIENT’S INSURANCE CARD.** \*\*

Last Name

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First Name

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Date of Birth

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Phone Number

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Postal Code

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City

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Address

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Sex

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Height

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Weight

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Does the patient speak English?

 □Yes □No

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If no, what is the patient’s native language?

□

**INSURANCE**

Primary Insurance Carrier

Secondary Insurance Carrier

Identification Number

Identification Number

Group Number

Group Number

**REFERRING PHYSICIAN**

Provider’s Name

Office Phone Number

Office Fax Number

Practice Name

Provider’s Signature

NPI

 **Newark**

 1311 West Main Street

 Newark, OH 43055

 Phone: 740-348-0012

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 **Westerville**

 68 Westerview Drive

Westerville, OH 43081

Phone: 614-899-1200

 **Downtown**

 800 East Broad Street

 Columbus, OH 43205

 Phone: 614-859-1580

**PREFERRED LOCATION**

***OHG Office Use Only***

***Appointment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Testing Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Scheduled With\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled With\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***