

PATIENT REFERRAL FORM

Lawrenceville 678.252.3743 | Fax - 770.822.5391
Duluth 770.497.1413 | Fax - 770.497.1823
Buford 770.932.5951 | Fax - 678.482.0111
Hamilton Mill 770.962.0399 | Fax - 770.995.0533

Snellville 770.979.1200 | Fax - 770.979.6407
Atlanta 404.252.7618 | Fax - 404.252.8610
Johns Creek 770.495.2442 | Fax - 770.495.3446
Winder/Barrow 678.219.0072 | Fax - 770.586.5998

Please Note: Nuclear Scan are only offered at our Lawrenceville and Johns Creek locations.

Date: _____ Patient Name: _____ DOB: _____

1 Patient Phone: _____ Patient eMail: _____ SS# - -

Referring Physician: _____ Physician's Phone: _____ Fax: _____

Insurance Plan: _____ Authorization #: _____

Please fax medical records for consultation requests - Please include copy of the patient's demographic information and insurance card.

REQUEST FOR PATIENT EVALUATION: Consultation Second Opinion Diagnostic Test Only

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Testing Imaging	Functional	Vascular
<input type="radio"/> EKG	<input type="radio"/> Treadmill Test	<input type="radio"/> Carotid Duplex
<input type="radio"/> 24-Hour Holter Monitor	<input type="radio"/> Treadmill Test Echocardiogram	<input type="radio"/> Venous Duplex
<input type="radio"/> 2-D Echo Doppler	<input type="radio"/> Treadmill Nuclear Stress	<input type="radio"/> Abdominal Duplex Lower Extremities
<input type="radio"/> Event Monitor	<input type="radio"/> Lexican Nuclear Stress	<input type="radio"/> Ankle-Brachial Index (ABI)
	<input type="radio"/> Cardiac PET Scan	
	<input type="radio"/> Resting Gated SPECT (w/Technetium)	

3 **APPOINTMENT PRIORITY:** Same Day Within One Week Within One Month

4 **REASON FOR REFERRAL**

<input type="radio"/> Abnormal EKG	<input type="radio"/> Chest Pain	<input type="radio"/> Hypertension	<input type="radio"/> Renovascular Disease
<input type="radio"/> Abnormal Stress Test	<input type="radio"/> CHF	<input type="radio"/> Lipid Management	<input type="radio"/> Syncope
<input type="radio"/> Arrhythmia	<input type="radio"/> Congenital Heart Disease	<input type="radio"/> Murmur	<input type="radio"/> TIA
<input type="radio"/> Bruit	<input type="radio"/> Claudication	<input type="radio"/> Pacer Defibrillator	<input type="radio"/> Valvular Heart Disease
<input type="radio"/> CAD	<input type="radio"/> Dyspnea	<input type="radio"/> Palpitations	<input type="radio"/> Other: _____
<input type="radio"/> Carotid Disease	<input type="radio"/> Exercise Intolerance	<input type="radio"/> Peripheral Vascular Disease	_____
<input type="radio"/> Cardiomyopathy	<input type="radio"/> Heart Enlargement	<input type="radio"/> Pre-Operative Evaluation	_____

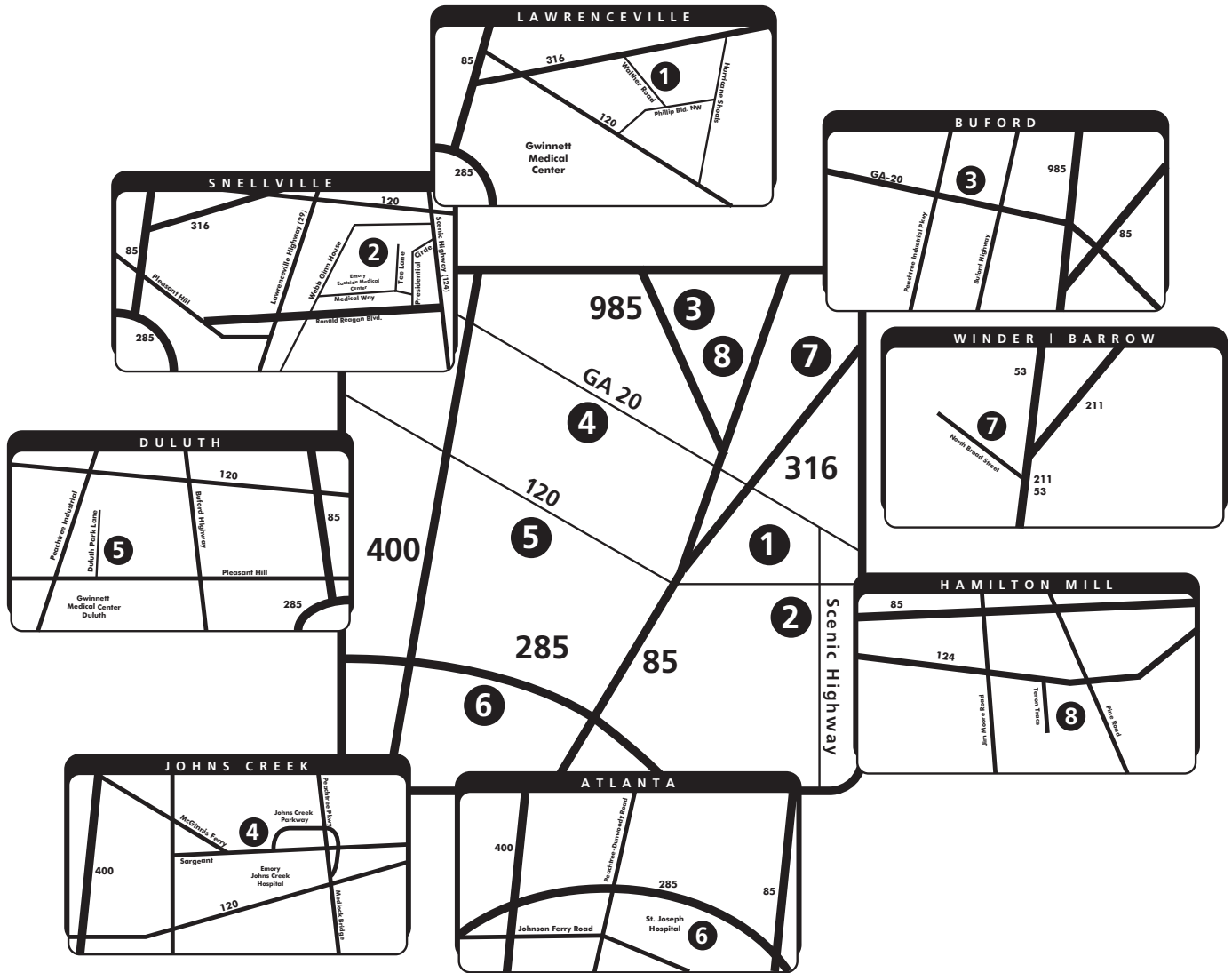
ELECTROPHYSIOLOGY: Consult Eval Pacemaker | Internal Defib Event Monitor Holter

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<p style="text-align: center; margin: 0;">PREFERRED LOCATION</p> <p><input type="radio"/> Lawrenceville <input type="radio"/> Snellville</p> <p><input type="radio"/> Buford Sugar Hill <input type="radio"/> Duluth</p> <p><input type="radio"/> Johns Creek Suwanee <input type="radio"/> Monroe</p> <p><input type="radio"/> Hamilton Mill Dacula <input type="radio"/> Atlanta</p> <p><input type="radio"/> Winder Barrow</p>	<p style="text-align: center; margin: 0;">PREFERRED CARDIOLOGIST</p> <p><input type="radio"/> First Available</p> <p><input type="radio"/> Philip A. Romm, M.D.</p> <p><input type="radio"/> Mary E. Bergh, M.D. <input type="radio"/> E. Edward Proctor, M.D.</p> <p><input type="radio"/> Lance B. Friedland, M.D. <input type="radio"/> Manfred A. Sandler, M.D.</p> <p><input type="radio"/> Louis I. Heller, M.D. <input type="radio"/> Salil J. Patel, M.D.</p> <p><input type="radio"/> Laurence M. Lesser, M.D. <input type="radio"/> Searle W. Videlefsky, M.D.</p> <p><input type="radio"/> Martin R. Siegfried, M.D. <input type="radio"/> Joseph Perez, D.O.</p>	<p style="text-align: center; margin: 0;">PREFERRED ELECTROPHYSIOLOGIST</p> <p><input type="radio"/> First Available</p> <p><input type="radio"/> Niraj Sharma, M.D.</p> <p><input type="radio"/> David A. Wilson, M.D.</p>
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**Please complete form. Once completed, select the "Send Button".
Please be sure to attach the completed Patient Referral form to your email.**

SEND



1. Lawrenceville
 755 Walther Road
 Lawrenceville, Georgia 30045
 678.252.3743
 770.822.5389 (Fax)

2. Snellville
 1700 Tree Lane Road
 Suite 170
 Snellville, Georgia 30078
 770.979.1200
 770.979.6407 (Fax)

3. Buford
 4700 Nelson Brogdon Blvd. (GA-20)
 Suite 230
 Buford, Georgia 30518
 770.932.5951
 678.482.0111 (Fax)

4. Johns Creek
 4365 Johns Creek Parkway
 Suite 450
 Suwanee, Georgia 30024
 770.495.2442
 770.495.3446 (Fax)

5. Duluth
 3540 Duluth Park Lane
 Suite 200
 Duluth, Georgia 30136
 770.497.1413
 770.497.1823 (Fax)

6. Atlanta
 5665 Peachtree Dunwoody Road
 Suite G90
 Atlanta, Georgia 30342
 404.252.7618
 404.252.8610 (Fax)

7. Winder/Barrow
 Barrow Regional Medical Center
 314 North Broad Street
 Suite 330
 Winder, Georgia 30342
 678.219.0072
 770.586.5998 (Fax)

5. Hamilton Mill/Dacula
 2108 Teron Trace
 Suite 100
 Dacula, Georgia 30019
 770.962.0399
 770.995.0533 (Fax)