

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



**-Referral Request-**

**Brier Creek Office**  
Phone # (984) 215-4540  
Fax # (984) 215-4541

Malay Agrawal, MD
Sunil P. Chand, MD
Philip Hall, MD
Joseph M. Falsone, MD
Nikhil Jariwala, MD

**NCHV – Capital Heart**  
Phone # (919) 881-0160  
Fax # (919) 881-0887

Robert K. Bruner, MD
Daryl C. Emery, MD
Joseph A. Guzzo, MD
James G. Scanlan, MD

**Cary Office**  
Phone # (919) 387-3260  
Fax # (919) 919-367-2617

**Clayton Office**  
Phone # (919) 359-0322  
Fax # (919) 359-0326

**Clinton Office**  
Phone # (910) 299-7448  
Fax # (910) 590-2462

**Garner Office**  
Phone # (919) 250-2260  
Fax # (919) 250-2261

Chris Kelly, MD	Mateen Akhtar, MD	Randolph A. S. Cooper, MD	George L. Adams, MD
Sameh K. Mobarek, MD	Benjamin Atkeson, MD	Robert Kastner, MD	Mateen Akhtar, MD
Bruce W. Usher, Jr., MD	Christian Gring, MD		Benjamin Atkeson, MD
D. Benson Walker, MD	Eric M. Janis, MD		Mohit Pasi, MD
James P. Zidar, MD			Bruce W. Usher, Jr., MD

**Goldsboro Office**  
Phone # (919) 734-0033  
Fax # (919) 734-6999

**Holly Springs Office**  
Phone # (984) 974-4010  
Fax # (984) 974-4012

**Knightdale Office**  
Phone # (984) 215-3955  
Fax # (984) 215-3956

**Lillington Office**  
Phone # (910) 814-3201  
Fax # (910) 814-3207

Mateen Akhtar, MD	Joseph Bumgarner, MD	Arthur Y. Chow, MD	Ashley M. Lewis, MD
Waheed Akhtar, MD	Ashley M. Lewis, MD	Philip Hall, MD	Gregory C. Rose, MD
Randolph A. S. Cooper, MD	Dwijesh (DJ) B. Patel, MD	Nikhil Jariwala, MD	Rajesh Vakani, MD
Mohammed A. Farooqui, MD	Bruce W. Usher, Jr., MD		D. Benson Walker, MD
Matthew A. Hook, MD	Rajesh Vakani, MD		
Dwijesh (DJ) B. Patel, MD	D. Benson Walker, MD		
Paul Perez-Navarro, MD			
Gregory C. Rose, MD			

**Louisburg Office**  
Phone # (919) 496-3909  
Fax # (919) 496-5032

**Raleigh Office – Rex Main Campus**  
Phone # (919) 787-5380  
Fax # (919) 784-5605

Andrew Kronenberg, MD	George L. Adams, MD	Ashley M. Lewis, MD	Ravish Sachar, MD
	Joseph Bumgarner, MD	Geoffrey F. Lewis, M.D.	Sidharth A. Shah, MD
	Arthur Y. Chow, MD	Sameh K. Mobarek, MD	D. Benson Walker, MD
	Randolph A. S. Cooper, MD	William N. Newman, MD	James P. Zidar, MD
	Joseph M. Falsone, MD	Deepak Pasi, MD	
	R. Lee Jobe, MD	Mohit Pasi, MD	
	Chris Kelly, MD	Gregory C. Rose, MD	

**Rocky Mount Office**  
Phone # (919) 787-5380  
Fax # (919) 784-5605

**Smithfield Office**  
Phone # (919) 989-7909  
Fax # (919) 989-3147

**Wakefield Office**  
Phone # (919) 570-7590  
Fax # (919) 570-7636

**Wilson Office**  
Phone # (252) 243-7161  
Fax # (252) 243-7242

Joseph Bumgarner, MD	Mateen Akhtar, MD	George L. Adams, MD	Malay Agrawal, MD
Sidharth A. Shah, MD	Benjamin Atkeson, MD	Andrew Kronenberg, MD	Sunil P. Chand, MD
	Randolph A. S. Cooper, MD	Sameh K. Mobarek, MD	Sanjay Cherukuri, MD
	Matthew A. Hook, MD	Deepak Pasi, MD	Randolph A. S. Cooper, MD
	Eric M. Janis, MD	Mohit Pasi, MD	Geoffrey Lewis, MD
	Geoffrey F. Lewis, M.D.	James P. Zidar, MD	Paul Perez-Navarro, MD
			Ravish Sachar, MD

**Please fax referral form directly to the requested office.  
\*\*PLEASE SEND PATIENT OFFICE NOTE AT TIME OF FAX REFERRAL\*\***

**-Referral Request-**



Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female  
 Address: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
 Referring Physician Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Referral Contact: \_\_\_\_\_  
**DX:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_ **Ins. Auth & Exp. Date** \_\_\_\_\_

<p><b>Cardiology Consultation: ___ Yes ___ No OR ___ FIRST AVAILABLE</b>  <b>If yes, with who? Please circle</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">George Adams, MD</td> <td style="width:33%;">Malay Agrawal, MD</td> <td style="width:33%;">Mateen Akhtar, MD</td> </tr> <tr> <td>Waheed Akhtar, MD</td> <td>Benjamin Atkeson, MD</td> <td>Robert K. Bruner, MD</td> </tr> <tr> <td>Joseph Bumgarner, MD</td> <td>Sunil Chand, MD</td> <td>Arthur Chow, MD</td> </tr> <tr> <td>Randolph Cooper, MD</td> <td>Sanjay Cherukuri, MD</td> <td>Daryl C. Emery, MD</td> </tr> <tr> <td>Joseph Falsone, MD</td> <td>Mohammed A. Farooqui, MD</td> <td>Christian Gring, MD</td> </tr> <tr> <td>Joseph A. Guzzo, MD</td> <td>Philip Hall, MD</td> <td>Matthew Hook, MD</td> </tr> <tr> <td>Eric Janis, MD</td> <td>Nikhil Jariwala, MD</td> <td>Lee Jobe, MD</td> </tr> <tr> <td>Robert Kastner, MD</td> <td>Chris Kelly, MD</td> <td>Andrew Kronenberg, MD</td> </tr> <tr> <td>Ashley Lewis, MD</td> <td>Geoffrey Lewis, MD</td> <td>Sameh Mobarek, MD</td> </tr> <tr> <td>William Newman, MD</td> <td>Deepak Pasi, MD</td> <td>Mohit Pasi, MD</td> </tr> <tr> <td>Dwijesh (DJ) B. Patel, MD</td> <td>Paul Perez-Navarro, MD</td> <td>Gregory Rose, MD</td> </tr> <tr> <td>Ravish Sachar, MD</td> <td>James G. Scanlan, MD</td> <td>Sidharth Shah, MD</td> </tr> <tr> <td>Bruce Usher, MD</td> <td>Rajesh Vakani, MD</td> <td>Ben Walker, MD</td> </tr> <tr> <td>James Zidar, MD</td> <td></td> <td></td> </tr> </table>	George Adams, MD	Malay Agrawal, MD	Mateen Akhtar, MD	Waheed Akhtar, MD	Benjamin Atkeson, MD	Robert K. Bruner, MD	Joseph Bumgarner, MD	Sunil Chand, MD	Arthur Chow, MD	Randolph Cooper, MD	Sanjay Cherukuri, MD	Daryl C. Emery, MD	Joseph Falsone, MD	Mohammed A. Farooqui, MD	Christian Gring, MD	Joseph A. Guzzo, MD	Philip Hall, MD	Matthew Hook, MD	Eric Janis, MD	Nikhil Jariwala, MD	Lee Jobe, MD	Robert Kastner, MD	Chris Kelly, MD	Andrew Kronenberg, MD	Ashley Lewis, MD	Geoffrey Lewis, MD	Sameh Mobarek, MD	William Newman, MD	Deepak Pasi, MD	Mohit Pasi, MD	Dwijesh (DJ) B. Patel, MD	Paul Perez-Navarro, MD	Gregory Rose, MD	Ravish Sachar, MD	James G. Scanlan, MD	Sidharth Shah, MD	Bruce Usher, MD	Rajesh Vakani, MD	Ben Walker, MD	James Zidar, MD			<p><b>Vascular Consultation: ___ Yes ___ No</b>  <b>If yes, with who? Please circle</b></p> <table style="width:100%; border: none;"> <tr> <td>George Adams, MD</td> </tr> <tr> <td>Matthew Hook, MD</td> </tr> <tr> <td>Sanjay Cherukuri, MD</td> </tr> <tr> <td>Lee Jobe, MD</td> </tr> <tr> <td>Ashley Lewis, MD</td> </tr> <tr> <td>Mohit Pasi, MD</td> </tr> <tr> <td>Dwijesh (DJ) B. Patel, MD</td> </tr> <tr> <td>Ravish Sachar, MD</td> </tr> <tr> <td>James P. Zidar, MD</td> </tr> </table> <p><b>First Available</b> <input type="checkbox"/>  <b>If specific office or physician is requested, please see back side of this form.</b></p>	George Adams, MD	Matthew Hook, MD	Sanjay Cherukuri, MD	Lee Jobe, MD	Ashley Lewis, MD	Mohit Pasi, MD	Dwijesh (DJ) B. Patel, MD	Ravish Sachar, MD	James P. Zidar, MD
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**How soon do you need this consultation?** \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ ASAP

<p><b>Cardiovascular Testing</b>  <b>**If requesting only a cardiovascular test, please send office notes, labs and any other cardiac test/procedure results. Please obtain authorization for tests if insurance will allow. Please provide authorization information when requesting any testing to be performed.</b></p>	<p><input type="checkbox"/> <b>Pre-Authorization Obtained</b></p> <p><input type="checkbox"/> <b>Clinic Notes Attached</b></p>
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<p><b>Nuclear Imaging: (circle)</b></p> <table style="width:100%; border: none;"> <tr> <td>Treadmill Cardiolute</td> <td>MUGA Scan</td> </tr> <tr> <td>Lexiscan Cardiolute</td> <td></td> </tr> </table>	Treadmill Cardiolute	MUGA Scan	Lexiscan Cardiolute		<p><b>Echocardiography: (circle)</b></p> <table style="width:100%; border: none;"> <tr> <td>Echocardiogram</td> <td>Stress Echocardiogram</td> </tr> <tr> <td>Bubble Study</td> <td>Echocardiogram w/ contrast</td> </tr> </table>	Echocardiogram	Stress Echocardiogram	Bubble Study	Echocardiogram w/ contrast
Treadmill Cardiolute	MUGA Scan								
Lexiscan Cardiolute									
Echocardiogram	Stress Echocardiogram								
Bubble Study	Echocardiogram w/ contrast								

**If requesting nuclear imaging, please provide the following information:**  
**Weight** \_\_\_\_\_ **BP** \_\_\_\_\_ **Diabetes Y/N** **Smoker Y/N**

<p><b>Vascular Imaging:</b></p> <p>___ Aortic Duplex          ___ Bilateral Carotid          ___ Lower Extremity Arterial w/ABI (___ Right ___ Left ___ Bilateral)          ___ Lower Extremity Venous (___ Right ___ Left ___ Bilateral)          ___ Mesenteric Artery Duplex          ___ Renal Artery Duplex          ___ Upper Extremity Arterial (___ Right ___ Left ___ Bilateral)          ___ Upper Extremity Venous (___ Right ___ Left ___ Bilateral)</p>	<p><b>Other:</b></p> <p>___ 24 Hour (only) Holter Monitor          ___ 14 Day Event Monitor          ___ 30 Day Event Monitor          ___ EKG          ___ Exercise Treadmill Test</p>
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**If requesting a test, please sign below:**  
**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_