Patient Name: _____ Date of Birth:_____

NORTH CAROLINA HEART & VASCULAR
UNC HEALTH CARE

REFERRAL REQUEST

☐ BRIER CREEK OFFICE	☐ CAPITAL HEART OFFICE	☐ CARY OFFICE	☐ CLAYTON OFFICE
PH: (984) 215-4540	PH: (919) 881-0160	PH: (919) 387-3260	PH: (919) 359-0322
FX: (984) 215-4541	FX: (919) 881-0887	FX: (919) 367-2617	FX: (919) 359-0326
☐ Malay Agrawal, MD	☐ Robert K. Bruner, MD	☐ Chris Kelly, MD	☐ Mateen Akhtar, MD
☐ Idil Aktan, MD	☐ Daryl C. Emery, MD	☐ Sameh K. Mobarek, MD	☐ Benjamin Atkeson, MD
☐ Robert Bruner, MD	☐ Joseph A. Guzzo, MD	☐ Bruce W. Usher, Jr., MD	☐ Christian Gring, MD
☐ Joseph Bumgarner, MD	☐ Nikhil Jariwala, MD	☐ D. Benson Walker, MD	☐ Eric M. Janis, MD
☐ Philip Hall, MD	☐ James G. Scanlan, MD		
☐ Nikhil Jariwala, MD			

☐ CLINTON OFFICE	☐ GARNER OFFICE	☐ GOLDSBORO OFFICE	☐ HOLLY SPRINGS OFFICE
PH: (910) 299-7448	PH: (919) 250-2260	PH: (919) 734-0033	PH: (984) 974-4010
FX: (910) 590-2462	FX: (919) 250-2261	FX: (919) 734-6999	FX: (984) 974-4012
☐ Randolph A. S. Cooper, MD	☐ George L. Adams, MD	☐ Mateen Akhtar, MD	☐ Joseph Bumgarner, MD
☐ Robert Kastner, MD	☐ Idil Aktan, MD	☐ Waheed Akhtar, MD	☐ Ashley M. Lewis, MD
	☐ Mateen Akhtar, MD	☐ Randolph A. S. Cooper, MD	☐ Gregory C. Rose, MD
	☐ Benjamin Atkeson, MD	☐ Arijit Dasgupta, MD	☐ Bruce W. Usher, Jr., MD
	☐ Mohit Pasi, MD	☐ Mohammed A. Farooqui, MD	☐ Rajesh Vakani, MD
	☐ Bruce W. Usher, Jr., MD	☐ Dwijesh (DJ) B. Patel, MD	☐ D. Benson Walker, MD
		☐ Paul Perez-Navarro, MD	
		☐ Gregory C. Rose, MD	

☐ KNIGHTDALE	☐ LILLINGTON OFFICE	☐ LOUISBURG OFFICE	☐ PANTHER CREEK OFFICE
PH: (984) 215-3955	PH: (910) 814-3201	PH: (919) 496-3909	PH: (919) 387-3260
FX: (984) 215-3956	FX: (910) 814-3207	FX: (919) 496-5032	FX: (919) 367-2617
☐ Arthur Y. Chow, MD	☐ Ashley M. Lewis, MD	☐ Andrew Kronenberg, MD	☐ Rajesh Vakani, MD
☐ Idil Aktan, MD	☐ Rajesh Vakani, MD		☐ James P. Zidar, MD
☐ Philip Hall, MD	☐ D. Benson Walker, MD		☐ Joseph A. Guzzo, MD
☐ Nikhil Jariwala, MD			

☐ **RALEIGH OFFICE - REX MAIN CAMPUS**
PH: (919) 787-5380
FX: (919) 784-5605

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

☐ ROCKY MOUNT OFFICE	☐ SMITHFIELD OFFICE	☐ WAKEFIELD OFFICE	☐ WILSON OFFICE
PH: (919) 787-5380	PH: (919) 989-7909	PH: (919) 570-7590	PH: (252) 243-7161
FX: (919) 784-5605	FX: (919) 989-3147	FX: (919) 570-7636	FX: (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.
****PATIENT OFFICE NOTE REQUIRED AT TIME OF FAX REFERRAL****

7/30/2021-rc

NORTH CAROLINA HEART & VASCULAR
UNC HEALTH CARE

Referral Request

Patient's Name: _____ DOB:_____ Male / Female

Address: _____

Phone: (Home) _____ (Cell) _____

Referring Physician: _____Practice Name: _____

Referring Physician Phone Number: _____Fax Number: _____

Referral Contact: _____

DX:_____ Insurance:_____ Ins. Auth. & Expiration Date:_____

Cardiology Consultation: ___ Yes ___ No Select Provider or ___ First Available					
	George Adams, MD		Christian Gring, MD		Mohit Pasi, MD
	Malay Agrawal, MD		Joseph A. Guzzo, MD		Dwijesh (DJ) B. Patel, MD
	Mateen Akhtar, MD		Philip Hall, MD		Paul Perez-Navarro, MD
	Waheed Akhtar, MD		Matthew Hook, MD		Gregory Rose, MD
	Idil Aktan, MD		Eric Janis, MD		Ravish Sachar, MD
	Robert Bruner, MD		Nikhil Jariwala, MD		James G. Scanlan, MD
	Joseph Bumgarner, MD		Lee Jobe, MD		Sidharth Shah, MD
	Sunil Chand, MD		Robert Kastner, MD		Bruce Usher, MD
	Arthur Chow, MD		Chris Kelly, MD		Rajesh Vakani, MD
	Randolph Cooper, MD		Andrew Kronenberg, MD		Ben Walker, MD
	Sanjay Cherukuri, MD		Ashley Lewis, MD		James Zidar, MD
	Arijit Dasgupta, MD		Geoffrey Lewis, MD		
	Daryl C. Emery, MD		Sameh Mobarek, MD		
	Joseph Falsone, MD		William Newman, MD		
	Mohammed A. Farooqui, MD		Deepak Pasi, MD		

Vascular Consultation:	
	George Adams, MD
	Arijit Dasgupta, MD
	Matthew Hook, MD
	Sanjay Cherukuri, MD
	Lee Jobe, MD
	Mohit Pasi, MD
	Dwijesh (DJ) B. Patel, MD
	Ravish Sachar, MD
	James P. Zidar, MD
	FIRST AVAILABLE
	If specific office or physician is requested, please see back side of this form.

How soon is this consultation needed: _____ Days _____ Weeks _____ STAT_____ **Must be supported by diagnosis**

Cardiovascular Testing

****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.**

Pre-authorization obtained:____
Clinic Notes Attached:____

Nuclear Imaging: (circle)	
Treadmill Cardiolite	MUGA Scan
Lexiscan Cardiolite	

Echocardiography: (circle)	
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

	Vascular Imaging:
	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)

Other:

___ 24 Hour (only) Holter Monitor
___ 14 Day Event Monitor
___ 30 Day Event Monitor
___ EKG
___ Exercise Treadmill Test

If requesting a test - Physician Signature Required: _____ Date: _____