

Alabama Heart & Vascular Medicine

100 Rice Mine Road Loop, Suite 104

Tuscaloosa, Alabama 35406

Phone: (205) 561-2370

Fax: (205) 345-4921

Referring M.D.: _____ Office Contact: _____

Office Phone: _____ Office Fax: _____

Patient Name: _____ DOB: _____ Sex: _____ Race: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Insurance: _____ Contract #: _____ Group #: _____

Secondary Insurance: _____ Contract #: _____ Group #: _____

Referral Required: Yes No Referral Authorization #: _____

PATIENTS WITH NO INSURANCE WILL BE REQUIRED TO PAY \$300.00 AT THE TIME OF THEIR VISIT

PLEASE INDICATE REASON FOR REFERRAL AND DIAGNOSIS BELOW:

- | | | |
|---|--|--|
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Stress Echocardiogram | <input type="checkbox"/> Myocardial Perfusion Scan |
| <input type="checkbox"/> Carotid Ultrasound | <input type="checkbox"/> LEA/ABI Duplex | <input type="checkbox"/> Renal Duplex |
| <input type="checkbox"/> Aorta Ultrasound | <input type="checkbox"/> Venous Duplex | <input type="checkbox"/> Holter Monitor |
| <input type="checkbox"/> Event Monitor | <input type="checkbox"/> Consultation | <input type="checkbox"/> Other: _____ |

Diagnosis: _____

Patient needs an appointment: ___ within 1 week ___ within 2-3 weeks ___ within 4-6 weeks

Please fax all of the following:

- Completed Form
- Insurance referral (if applicable)
- Most recent office notes, labs and any other pertinent records

Thank you for your referral. We will contact your office within 24 hours with an appointment.

We look forward to taking your patient's Health to Heart!!

AHVM Internal Use:

Scheduled Appointment Date: ___/___/___ Scheduled Appointment Time: _____

Received: _____ Faxed: _____ Initials: _____

Please contact the patient with their appointment information. Please have them bring their driver's license, insurance cards, copay (if applicable) and their medications in the original bottles OR an updated medication list.