



Cardiology Referral Form

- ☐ **ROUTINE**
☐ **STAT (TODAY)**
☐ **URGENT (WITHIN 48 HRS)**

Today's Date: _____

Referring Physician: _____ Office Name: _____

Referring Physician Phone#: _____ Fax #: _____

Referral for:

☐ **Consult & Treat**

Diagnosis: _____

☐ Cardiac ☐ Vascular ☐ Electrophysiology

☐ **Testing ONLY (Diagnosis codes on back of form, please check test and DX on back of form)**

- | | | |
|--|--|---|
| ☐ Echocardiogram | ☐ Renal/Mesenteric | ☐ Venous Insufficiency |
| ☐ Echo w/ Bubble | ☐ Ultrasound | ☐ Aorta Arterial Duplex |
| ☐ Echo (3D) | ☐ Carotid Ultrasound | ☐ Cardiac PET CT |
| ☐ Limited Echo | ☐ Lower Extremity | ☐ Pulmonary PET CT |
| ☐ Stress Echo | ☐ Arterial Duplex | ☐ EKG ONLY |
| ☐ Nuclear Stress Test | ☐ (Bilateral or | ☐ Holter |
| ☐ Nuclear Walking | ☐ Unilateral) | ☐ MCT |
| ☐ Stress Test | ☐ Venous Duplex | ☐ AVF |
| ☐ Treadmill Stress | ☐ (Bilateral or | ☐ Event Monitor |
| ☐ Test (Exercise only) | ☐ Unilateral) | |

Patient Information: Name: _____ DOB: _____ Sex: Male or Female

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

Insurance Information:

Primary: _____ ID #: _____ Group #: _____

Secondary: _____ ID #: _____ Group #: _____

PCP: _____

Does the patient's insurance require a referral from their PCP?

- ☐ Yes- Please provide a referral for services requested
☐ No

PROVIDERS:

Cardiac & Endovascular Interventions:

- ☐ Dr. Yazan Khatib - NPI 1588653257
- ☐ Dr. Vaqar Ali - NPI 1154379048
- ☐ Dr. Mubbasher Syed - NPI 1295137545
- ☐ Dr. Youssef Al-Saghir - NPI 1871600783
- ☐ Dr. Ziad Alnabki - NPI 1629397393
- ☐ Dr. Abdel Anabtawi - NPI 1255642393

Electrophysiologist:

- ☐ Dr. Firas El Sabbagh - NPI 1871793604
- ☐ Dr. Linda Hu - NPI 1457515314

Interventional Cardiologist:

- ☐ Dr. Sumant Lamba - NPI 1306804687
- ☐ Dr. Brett Sasseen - NPI 1194728360
- ☐ Dr. Alan Schimmel - NPI 1710964671
- ☐ Dr. Tarek Chami - NPI 1730506866

General Cardiologist:

- ☐ Dr. Ibrahim Fahdi - NPI 1588754055
- ☐ Dr. Ashu Dhanjal - NPI 1689874166
- ☐ Dr. Ramon Castello - NPI 1811984073



Testing & Common ICD Codes:

☐ **Echo/Doppler**

- ☐ I35.2 Aortic Valve Disorder
- ☐ I71.9 AAA/TAA w/o rupture
- ☐ R94.39 Abnormal Nuclear Stress Test
- ☐ R94.31 Abnormal EKG
- ☐ R07.9 Angina Pectoris
- ☐ I35.1 Aortic Insufficiency
- ☐ I35.0 Aortic Stenosis
- ☐ I48.92 Atrial Fibrillation
- ☐ I25.10 CAD Unspecified vessel
- ☐ I25.9 Cardiomyopathies, Ischemic
- ☐ I42.8 Cardiomyopathies, Primary
- ☐ R07.0 Chest Pain
- ☐ I50.20 CHF
- ☐ I67.89 CVA
- ☐ R01.1 Heart Murmur

☐ **Nuclear:**

- ☐ R94.31 Abnormal EKG
- ☐ R07.9 Angina Pectoris
- ☐ I44.7 LBBB
- ☐ I45.1 RBBB
- ☐ I25.10 CAD, Native Vessel
- ☐ I25.5 Cardiomyopathies, Ischemic
- ☐ I50.9 CHF
- ☐ Z01.818 Prior to Chemo
- ☐ Z09 Post Chemo

☐ **Stress Test:**

- ☐ Nuclear Stress Test
- ☐ Exercise Stress Test

☐ **Renal/Mesenteric Arterial Duplex:**

- ☐ I10 Hypertension
- ☐ N28.9 Renal Insufficiency
- ☐ I70.1 Renal Artery Stenosis (RAS)
- ☐ K55.1 Mesenteric Insufficiency
- ☐ R63.4 Abnormal Weight Loss
- ☐ R09.89 Bruit

☐ **Carotid US:**

- ☐ R09.89 Bruit
- ☐ I65.23 Carotid Dis w/o CVA
- ☐ I67.89 CVA
- ☐ R55 Syncope & Collapse
- ☐ G45.9 TIA
- ☐ Z48.812 S/P Carotid Stent
- ☐ Z01.818 Pre-Operative Evaluation

☐ **Lower Extremity Arterial Duplex:**

- ☐ I73.9 Peripheral Vascular Disease
- ☐ I70.233 Atherosclerosis w/ ulcer
- ☐ I70.213 PVD w/ Claudication
- ☐ I70.261 Atherosclerosis w/ Gangrene

☐ **Venous Duplex:**

- ☐ I82.403 DVT Bilateral Legs
- ☐ I82.401,402 DVT Right or Left leg
- ☐ I87.2 Venous Insufficiency
- ☐ M79.89 Limb Swelling

☐ **Aorta Arterial Duplex:**

- ☐ I71.4 Abdominal Aortic Aneurysm
- ☐ I71.2 Aortic Aneur Thoracic/Arch
- ☐ I70.0 Aortic Atherosclerosis
- ☐ R09.89 Bruit

☐ **Cardiac PET CT**

- ☐ I25.10 CAD
- ☐ I25.110 CAD w/unstable angina
- ☐ I25.118 CAD w/ other angina
- ☐ I25.2 Old MI
- ☐ I20.9 Angina unspecified
- ☐ I42.0 CMO
- ☐ I50.9 CHF

☐ **Pulmonary PET CT**

- ☐ R91.1 Pulmonary nodule
- ☐ R91.8 lung mass

☐ **EKG**

☐ **Holter Monitor**

☐ **MCT**

- ☐ R07.9 Chest Pain
- ☐ I25.10 CAD
- ☐ R00.2 Palpitations
- ☐ R001 Bradycardia
- ☐ R55 Syncope
- ☐ I48.0 Afib
- ☐ I47.19 SVT
- ☐ I49.5 SSS

DX OTHER: _____

Physician's

Signature: _____

**PLEASE FAX REFERRALS TO
904.309.8051**

***If you need to reach the referrals team,
please call 904.493.3333 Ext: 2010 or 2015. If
you are having trouble reaching someone
and need immediate assistance, please
reach out to Amy Williams @ 423-650-7845 or
Shelly Cataleta @ 904.518.0532 ☺**