



Referring Physician Order Form

Professionalism Taken to Heart

E-FAX TO: 303-985-6985 OR 303-595-2626

Date _____

Referring Physician _____

Patient Name _____

Patient Date of Birth _____

Patient Phone _____

Please fax and or call any of our office locations with Emergent or Urgent Requests

PLEASE INCLUDE A COPY OF THE PATIENT'S DEMOGRAPHICS, INSURANCE CARD, AND ALL PERTINENT OFFICE NOTES

LOCATIONS

- _____ St. Anthony's Hospital 780 Simms St, Suite 200 Golden, CO 80401 303.595.2727
- _____ St. Anthony's North Hospital 14300 Orchard Parkway, Second Floor, POD 3, Westminster CO, 80023 303.426.1717
- _____ Avista Hospital 90 Health Park Drive, Suite 190, Louisville, CO 80027 303.595.2727
- _____ Longmont United Hospital 2030 Mountain View Ave., Suite 220, Longmont, CO 80501 303.595.2727

CARDIOLOGY CONSULTATION	DIAGNOSIS CODES
<ul style="list-style-type: none"> _____ New Patient Consultation _____ EP Consult _____ Peripheral Vascular Consult _____ Pre-Op Evaluation _____ Follow-up Visit _____ Pacemaker/ICD Follow-up 	<p style="color: red; font-weight: bold;">Please check all that apply</p>
DIAGNOSTIC TESTING	
<ul style="list-style-type: none"> _____ Exercise Treadmill Test (ETT) _____ Echocardiogram _____ Echocardiogram with Bubble Study _____ Stress Echocardiogram <p>NUCLEAR PERFUSION STRESS TEST</p> <ul style="list-style-type: none"> _____ Exercise _____ Pharmacologic (Lexiscan) <p>ULTRASOUND</p> <ul style="list-style-type: none"> _____ Abdominal Aorta _____ Carotid Artery _____ Renal Artery _____ Lower Extremity Arterial Duplex _____ Lower Extremity Venous Reflux <p>HOLTER/EVENT MONITORING</p> <ul style="list-style-type: none"> _____ 24 HOUR Holter Monitor _____ 30 Day Event Monitor 	<ul style="list-style-type: none"> _____ Abnormal ECG _____ Arrhythmias _____ Atrial Fibrillation _____ Atrial Flutter _____ CAD (Coronary Artery Disease) _____ Cardiomyopathy _____ Chest Pain _____ Congenital Heart Disease _____ Congestive Heart Failure _____ Family History (of other Cardiovascular Disease) _____ Hypertension _____ Lipid Management _____ Murmur _____ Pacer/ICD _____ Palpitations _____ Pre-op Cardiovascular Exam _____ Shortness of Breath/Dyspnea _____ Syncope and Near Syncope _____ Tachycardia/SVT _____ Valve Disorders _____ Venous Insufficiency _____ PAD (Peripheral Artery Disease) _____ Other _____