



REFERRAL FORM

MRN# _____

Thank you for choosing Cary Cardiology, P.A. to care for your patients. In order to expedite the referral process, please indicate the service(s) needed for your patient below. Please fax 919-582-0001 all relevant records to include: Demographics, last H&P, insurance cards front and back, lab and previous testing results.

If your patient has an HMO please obtain the prior authorization to include all services requested.

Patient Name _____ DOB _____

Address _____ City _____ Zip _____

Patient Phone No. _____ Referring Provider _____

Primary Insurance _____ Secondary Insurance _____

Diagnosis: _____ Patient Weight if ordering testing _____

Services

E&M	Stress Testing	Diagnostic	Cardiac Monitoring
<input type="checkbox"/> Office Visit	<input type="checkbox"/> Stress Echo	<input type="checkbox"/> 2D Echocardiogram	<input type="checkbox"/> 48 hour Holter Monitor
<input type="checkbox"/> Consultation	<input type="checkbox"/> Stress Cardiolute	<input type="checkbox"/> Carotid Ultrasound	<input type="checkbox"/> 4 week Event/Telemetry
<input type="checkbox"/> Cardiac Clearance	<input type="checkbox"/> Chemical Cardiolute	<input type="checkbox"/> Aortic Ultrasound	<input type="checkbox"/> Pacemaker-ICD
	<input type="checkbox"/> Treadmill Only	<input type="checkbox"/> MUGA	<input type="checkbox"/> EKG
		<input type="checkbox"/> Venous Doppler	<input type="checkbox"/> 2 week Zio Patch
		<input type="checkbox"/> ABI or SAP/PVR	

Preferred Provider / No Preference

- | | | |
|--|---|--|
| <input type="checkbox"/> P.M. Shah, MD, FACC | <input type="checkbox"/> Sunil Desai, MD, FACC | <input type="checkbox"/> Rama Garimella, MD, FACC |
| <input type="checkbox"/> D.N. Shah, MD, FACC | <input type="checkbox"/> Pratik Desai, MD, FACC | <input type="checkbox"/> Joshua Macomber, MD, FACC |
| <input type="checkbox"/> Pavlo Netrebko, MD FACC | <input type="checkbox"/> Rajesh Vakani, MD FACC | <input type="checkbox"/> Madeeha Saeed, MD FACC |

Locations

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Cary Cardiology
300 Keisler Drive
Cary, NC 27518 | <input type="checkbox"/> Cary Cardiology
320 N. Judd Pkwy, Ste. 228
Fuquay Varina, NC 27526 | <input type="checkbox"/> Cary Cardiology
1 Medical Drive
Benson, NC 27504 | <input type="checkbox"/> Cary Cardiology
145 Tilghman Drive
Dunn, NC 28334 |
|---|---|---|--|

Main Scheduling Phone no: 919-233-0059 Referral extensions: 1.) ext. 139 2.) ext. 136