

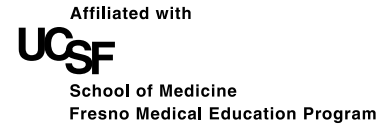
FAX REFERRAL REQUEST

University | Cardiovascular Center

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www.UniversityMDs.com



Referrals can be made by faxing this form or calling the office.

Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

- John Ambrose, M.D.
· Cardiac Consultation
· Angioplasty and Stenting
· Angioplasty utilizing the Radial Approach

- Teresa Daniele, M.D.
· Women's Heart Disease
· Cardiac Consultation
· Nuclear Cardiology
· Cardiac PET/CT

- Richard Kiel, M.D.
· Heart Failure

- Mouatoua Mouanoutoua, M.D.
· Cardiac Catheterization and Intervention
· Peripheral Angiography and Intervention
· Transesophageal Echocardiography with and without sedation

- Chandrasekar Palaniswamy, M.D.
· Electrophysiology

- Henning Rasmussen, M.D.
· Cardiac Consultation and Acute Care Cardiology
· Cardiac Catheterization, Coronary Angiography and Intervention from all approaches
· Pacemaker Implantation and Management

- Ankit Rathod, M.D.
· Preventative Cardiology
· Cardiac MRI/CT
· Echocardiography
· Stress Testing
· Management of Complex Cardiac Conditions

- Sundararajan Srikanth, M.D.
· Interventional Cardiology

- First Available Physician

REQUIRED PATIENT INFORMATION

- Sante Referral
Insurance Authorization
Copy of Insurance Card/Demo Sheet
Blood Test/Lab Results
Last Chart Notes
Medication List
Cardiac Test Reports
MRI/CT of Chest/Heart with last 6 mo

Please indicate the type of appointment required.
Consultation
Echocardiogram
Stress Test/Treadmill
Stress Echocardiogram
Holter Monitor
Carotid Ultrasound
Abdominal Aorta Ultrasound
Nuclear Studies
Non-Walking
Walking
Rest/Stress ABI

\*\*\*\*\*NOTE: All information is needed to schedule an appointment.

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP (if different from referring): \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Consultation For: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Insurance: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Comments: \_\_\_\_\_

Thank you very much for referring your patient to our office!

Internal Use Only .....

Appointment Date at UCC: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Office Notified Patient Notified Initials \_\_\_\_\_