Patient Name: _____ Date of Birth:_____

NORTH CAROLINA HEART & VASCULAR
UNC HEALTH CARE

REFERRAL REQUEST

BRIER CREEK OFFICE	CAPITAL HEART OFFICE	CARY OFFICE	CLAYTON OFFICE
PH: (984) 215-4540	PH: (919) 881-0160	PH: (919) 387-3260	PH: (919) 359-0322
FX: (984) 215-4541	FX: (919) 881-0887	FX: (919) 367-2617	FX: (919) 359-0326
Idil Aktan, MD	Robert K. Bruner, MD	Chris Kelly, MD	Mateen Akhtar, MD
Robert Bruner, MD	Nikhil Jariwala, MD	Sameh K. Mobarek, MD	Benjamin Atkeson, MD
Joseph Bumgarner, MD	Amit Patel, MD	Bruce W. Usher, Jr., MD	John French, MD
Joseph Falsone, MD	Nikhil Jariwala, MD	D. Benson Walker, MD	Christian Gring, MD
Philip Hall, MD	James G. Scanlan, MD		
Nikhil Jariwala, MD	Willis Wu, MD		

CLINTON OFFICE	FLOWERS OFFICE	GARNER OFFICE	GOLDSBORO OFFICE
PH: (910) 299-7448	PH: (919) 346-8680	PH: (919) 250-2260	PH: (919) 734-0033
FX: (910) 590-2462	FX: (919) 346-8681	FX: (919) 250-2261	FX: (919) 734-6999
Randolph A. S. Cooper, MD	John French, MD	George L. Adams, MD	Waheed Akhtar, MD
Robert Kastner, MD		Idil Aktan, MD	Randolph A. S. Cooper, MD
		Mateen Akhtar, MD	Arijit Dasgupta, MD
		Benjamin Atkeson, MD	Mohammed A. Farooqui, MD
		Mohit Pasi, MD	Dwijesh (DJ) B. Patel, MD
		Bruce W. Usher, Jr., MD	Paul Perez-Navarro, MD
			Gregory C. Rose, MD

HOLLY SPRINGS OFFICE	KNIGHTDALE	LILLINGTON OFFICE	LOUISBURG OFFICE
PH: (984) 974-4010	PH: (984) 215-3955	PH: (910) 814-3201	PH: (919) 496-3909
FX: (984) 974-4012	FX: (984) 215-3956	FX: (910) 814-3207	FX: (919) 496-5032
Joseph Bumgarner, MD	Arthur Y. Chow, MD	Ashley M. Lewis, MD	Andrew Kronenberg, MD
Ashley M. Lewis, MD	Idil Aktan, MD	Rajesh Vakani, MD	
Amit Patel, MD	Philip Hall, MD	D. Benson Walker, MD	**PANTHER CREEK OFFICE**
Gregory C. Rose, MD	Nikhil Jariwala, MD		PH: (919) 387-3260
Bruce W. Usher, Jr., MD			FX: (919) 367-2617
Rajesh Vakani, MD			Joseph A. Guzzo, MD
D. Benson Walker, MD			Rajesh Vakani, MD
			James P. Zidar, MD

RALEIGH OFFICE - REX MAIN CAMPUS			
PH: (919) 787-5380			
FX: (919) 784-5605			
George L. Adams, MD	Chris Kelly, MD	Mohit Pasi, MD	D. Benson Walker, MD
Joseph Bumgarner, MD	Ashley M. Lewis, MD	Dwijesh (DJ) B. Patel, MD	James P. Zidar, MD
Arthur Y. Chow, MD	Geoffrey F. Lewis, M.D.	Gregory C. Rose, MD	
Randolph A. S. Cooper, MD	Sameh K. Mobarek, MD	Ravish Sachar, MD	
Joseph M. Falsone, MD	William N. Newman, MD	Sidharth A. Shah, MD	
R. Lee Jobe, MD	Deepak Pasi, MD	Rajesh Vakani, MD	

ROCKY MOUNT OFFICE	SMITHFIELD OFFICE	WAKEFIELD OFFICE	WILSON OFFICE
PH: (919) 787-5380	PH: (919) 989-7909	PH: (919) 570-7590	PH: (252) 243-7161
FX: (919) 784-5605	FX: (919) 989-3147	FX: (919) 570-7636	FX: (252) 243-7242
Joseph Bumgarner, MD	Mateen Akhtar, MD	George L. Adams, MD	Malay Agrawal, MD
Sidharth A. Shah, MD	Benjamin Atkeson, MD	Andrew Kronenberg, MD	Sunil P. Chand, MD
	Randolph A. S. Cooper, MD	Sameh K. Mobarek, MD	Sanjay Cherukuri, MD
	John French, MD	Deepak Pasi, MD	Randolph A. S. Cooper, MD
	Matthew A. Hook, MD	James P. Zidar, MD	Geoffrey Lewis, MD
	Eric M. Janis, MD		Paul Perez-Navarro, MD
	Geoffrey F. Lewis, M.D.		Ravish Sachar, MD

Please fax referral form directly to the requested office.
****PATIENT OFFICE NOTE REQUIRED AT TIME OF FAX REFERRAL****

1/12/23 KB

NORTH CAROLINA HEART & VASCULAR
UNC HEALTH CARE

Referral Request

Patient's Name: _____ DOB:_____ Male / Female

Address: _____

Phone: (Home) _____ (Cell) _____

Referring Physician: _____Practice Name: _____

Referring Physician Phone Number: _____Fax Number: _____

Referral Contact: _____

DX:_____ Insurance:_____ Ins. Auth. & Expiration Date:_____

Cardiology Consultation: ___ Yes ___ No Select Provider or ___ First Available						**Vascular Consultation:**	
	George Adams, MD		Joseph A. Guzzo, MD		Paul Perez-Navarro, MD		George Adams, MD
	Malay Agrawal, MD		Philip Hall, MD		Gregory Rose, MD		Arijit Dasgupta, MD
	Mateen Akhtar, MD		Matthew Hook, MD		Ravish Sachar, MD		Matthew Hook, MD
	Waheed Akhtar, MD		Eric Janis, MD		James G. Scanlan, MD		Sanjay Cherukuri, MD
	Idil Aktan, MD		Nikhil Jariwala, MD		Sidharth Shah, MD		Lee Jobe, MD
	Benjamin Atkeson, MD		Lee Jobe, MD		Bruce Usher, MD		Mohit Pasi, MD
	Robert Bruner, MD		Robert Kastner, MD		Rajesh Vakani, MD		Dwijesh (DJ) B. Patel, MD
	Joseph Bumgarner, MD		Chris Kelly, MD		Ben Walker, MD		Ravish Sachar, MD
	Sunil Chand, MD		Andrew Kronenberg, MD		Willis Wu, MD		James P. Zidar, MD
	Arthur Chow, MD		Ashley Lewis, MD		James Zidar, MD		
	Randolph Cooper, MD		Geoffrey Lewis, MD				
	Sanjay Cherukuri, MD		Sameh Mobarek, MD				
	Arijit Dasgupta, MD		William Newman, MD				**FIRST AVAILABLE**
	Joseph Falsone, MD		Deepak Pasi, MD				
	Mohammed A. Farooqui, MD		Mohit Pasi, MD				**If specific office or physician is requested, please see back side of this form.**
	John French, MD		Amit Patel, MD				
	Christian Gring, MD		Dwijesh (DJ) B. Patel, MD				

How soon is this consultation needed: _____ Days _____ Weeks _____ STAT_____ **Must be supported by diagnosis**

Cardiovascular Testing
****If requesting only a cardiovascular test, please send office notes, labs and any other cardiac test/procedure results. Please obtain authorization for tests if insurance will allow. Please provide authorization information when requesting any testing to be performed.**

Pre-authorization obtained:____
Clinic Notes Attached:____

Nuclear Imaging: (circle)	
Treadmill Cardiolite	MUGA Scan
Lexiscan Cardiolite	

Echocardiography: (circle)	
Echocardiogram	Stress Echocardiogram
Bubble Study	Echocardiogram w/ contrast

If requesting nuclear imaging, please provide the following information:
Weight _____ BP _____ Diabetes Y / N Smoker Y / N

	Vascular Imaging:
	Aortic Duplex
	Bilateral Carotid
	Lower Extremity Arterial w/ABI (___Right___Left___Bilateral)
	Lower Extremity Venous (___Right___Left___Bilateral)
	Mesenteric Artery Duplex
	Renal Artery Duplex
	Upper Extremity Arterial (___Right___Left___Bilateral)
	Upper Extremity Venous (___Right___Left___Bilateral)

Other:

___ 24 Hour (only) Holter Monitor
___ 14 Day Event Monitor
___ 30 Day Event Monitor
___ EKG
___ Exercise Treadmill Test

If requesting a test - Physician Signature Required: _____ Date: _____