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INVASIVE, INTERVENTIONAL, NON-INVASIVE CARDIOLOGY AND PERIPHERAL VASCULAR DISEASE

James G. Scanlan, M.D., F.A.C.C.
Robert K. Bruner, M.D., F.A.C.C.
Joseph A. Guzzo, M.D., F.A.C.C.

L. Gregory Allen, P.A.-C
Rob Daviero, MHA, Administrator

REFERRAL REQUEST FORM

Patient Name: _____ DOB _____

Patient Home Number _____ Work Number _____ Mobile Number _____

Insurance 1 _____ Insurance 1 Number/Group _____

Insurance 2 _____ Insurance 2 Number/Group _____

To schedule an urgent appointment please call **(919) 881-0160**, otherwise fax forms to **(919) 881-0887**

Please select type of appointment to schedule below.

____ New Patient Consult

____ Stress Echo (Exercise or Dobutamine – please circle)

____ Established Patient Consult

____ Exercise Treadmill Test (no echo)

____ Echocardiogram

____ Event Monitor (30 days)/Holter Monitor (24 or 48 hr?)

____ Carotid U/S

____ Nuclear Stress Test (Lake Boone Trail location only)

Exercise/Chemical (Lexiscan)/Dobutamine (circle type of stress)

____ Lower Ext. Arterial Doppler

Important: Authorization for Nuclear must be obtained by referring doctor's office prior to scheduling appt Auth#: _____

Valid dates: _____

DIAGNOSIS: _____

(We must have a valid diagnosis for the test ordered)

Please circle location: Raleigh Apex Wakefield Sanford (Tuesday afternoons only)

Please circle physician: Scanlan Bruner Guzzo First Available

Please advise patients to come in at least 30 minutes prior to appointment time to fill out the paperwork

Requesting Physician _____ Physician Signature _____

Office Phone Number _____ Office Fax Number _____

Appointment Date and Time _____

(To be given when you call our office or faxed back to your office)

PLEASE SEND ALL PERTINENT RECORDS TO OUR OFFICE PRIOR TO PATIENT APPOINTMENT