



CAPITAL HEART ASSOCIATES, P.A.

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Apex, NC 27502
(919) 881-0160
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www.capitalheart.com

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.
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.

PCD Patient? Yes No

____ 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)

____ Lower Ext. Arterial Doppler

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

Important: We must receive most recent office notes, test results, and labs to Schedule and authorize this test. Please fax with this referral sheet.

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 15 minutes prior to appointment time to fill out the paperwork.
All new patient paperwork and directions can be found at www.capitalheart.com**

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)

FAX THIS FORM AND ALL PERTINENT PATIENT RECORDS TO (919) 881-0887

THANK YOU FOR YOUR REFERRALS!