

**Referring Physician:**  
**Practice Name:**  
**Phone/Fax:**  
**Date:**

**To:** (Cardiology Department)  
**RE: Patient Referral**

**PATIENT INFORMATION**

Name:  
DOB:  
Phone:  
Insurance/ID:

**Reason for Referral / Chief Complaint:**

**Urgency:**  Routine  Urgent  Stat (Call initiated) **Relevant Clinical History & Vital Signs:**

**Current Medications:**

**Recent Diagnostics (Attached):**  EKG  Echocardiogram  Stress Test  Lab Work (Lipids/Trop/BNP)

**Physician Signature:** \_\_\_\_\_