

DATE:

TO: (Specialist/Facility Name)

FROM: (Referring Cardiology Practice)

RE: Patient Referral

PATIENT INFORMATION:

Name:

DOB:

Phone:

Insurance:

REFERRAL DETAILS:

Reason for Referral / Diagnosis:

ICD-10 Code:

Urgency: Routine Urgent STAT

ATTACHMENTS INCLUDED:

- Recent EKG/ECG
- Echocardiogram Report
- Stress Test Results
- Relevant Lab Work (BNP, Troponin, Lipid Panel)
- Cardiac Catheterization Report
- Current Medication List

Notes/Special Instructions:

Thank you,

Cardiology Medical Assistant / Referral Coordinator

Contact Phone:

Secure Fax: